

Psychosocial Well-Being and Gay Identity Development

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STATEMENT OF ORIGINALITY

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Sean Anthony Halpin

PUBLICATION ARISING FROM THIS THESIS

The following paper was published based on research described in this thesis:
Halpin, S. A., & Allen, M. W. (2004). Changes in psychosocial well-being during stages of gay identity development. *Journal of Homosexuality*, 47, 109-126.

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TABLE OF CONTENTS

| | |
|---|-----|
| STATEMENT OF ORIGINALITY | ii |
| PUBLICATION ARISING FROM THIS THESIS | ii |
| ACKNOWLEDGMENTS..... | iii |
| TABLE OF CONTENTS | v |
| LIST OF TABLES | xi |
| LIST OF FIGURES..... | xii |
| ABSTRACT | 1 |
| CHAPTER ONE: GENERAL INTRODUCTION..... | 3 |
| <i>Summary</i> | 3 |
| <i>Introduction</i> | 4 |
| <i>Sin, Crime, Sickness and an “Instant Cure”: Homosexuality, Psychology, and Western Society</i> | 4 |
| Pre 19 th Century Views: Homosexuality as a Sin and a Crime..... | 4 |
| Late 19 th and early 20 th Century views: Homosexuality as a Disease..... | 6 |
| Post World War II: Gathering Evidence | 8 |
| The 1970s and the “Instant Cure” | 11 |
| Contemporary Views..... | 12 |
| Distinguishing Sexual Identity from Sexual Behaviour | 13 |
| Defining Sexual Orientation | 14 |
| <i>Sexual Identity and its Development</i> | 16 |
| Personal and Social Identity | 16 |
| Theories of Identity Development | 17 |
| Gay Identity within Contemporary Western Society | 19 |
| <i>Definitions and Language Use within this Thesis</i> | 20 |
| Terminology | 20 |
| Use of Masculine Pronouns | 20 |
| <i>Overview of the Thesis</i> | 21 |
| CHAPTER TWO: A LITERATURE REVIEW OF GAY IDENTITY DEVELOPMENT AND PSYCHOSOCIAL WELL-BEING | 23 |
| <i>Summary</i> | 23 |
| <i>Introduction</i> | 24 |
| <i>A Review of Gay Identity Formation</i> | 24 |
| Models of Homosexual Identity Formation..... | 25 |
| Descriptive Models of Homosexual Identity Formation..... | 25 |
| Stage Models of Homosexual Identity Formation | 25 |
| Cass’ (1979) Model of Homosexual Identity Formation | 28 |
| The Developmental Process Described by Cass (1979)..... | 30 |
| Stages of Cass’ (1979) Model of Homosexual Identity Formation..... | 32 |
| Critical Evaluation of Cass’ (1979) Model of Homosexual Identity Formation..... | 46 |
| The Gay Identity Questionnaire..... | 48 |
| Summary..... | 51 |
| <i>Do Lesbians and Gay Men Have Poorer Psychosocial Well-Being than Heterosexual Men and Women?</i> | 52 |
| Prejudice and Discrimination: Challenges to the Well-Being of Gay People..... | 53 |

| | |
|---|-----|
| Evidence of Prejudiced Attitudes towards Gay People..... | 53 |
| Evidence of Discrimination against Gay People..... | 56 |
| Development of Prejudice and Discrimination against Lesbians and Gay Men | 57 |
| Psychosocial Well-Being and Gay Identity | 59 |
| Internalized Homophobia..... | 59 |
| Impact of Disclosure versus Non-Disclosure of Gay Identity | 64 |
| Suicidal Behaviour and Mental Health Problems | 66 |
| Summary..... | 70 |
| CHAPTER THREE: STUDY 1. PSYCHOSOCIAL WELL-BEING AS A FUNCTION OF STAGE OF HOMOSEXUAL IDENTITY FORMATION..... | 72 |
| <i>Summary</i> | 72 |
| <i>Introduction</i> | 73 |
| Psychosocial Well-Being and Gay Men | 73 |
| Homosexual Identity Formation: A Stage Model of Gay Identity Development | 74 |
| Does Psychosocial Well-Being Vary According to Stage of Identity Formation? | 76 |
| Summary of Aims and Hypotheses | 79 |
| <i>Method</i> | 80 |
| Participants | 80 |
| Instruments | 82 |
| Demographic Data | 82 |
| Gay Identity Questionnaire..... | 82 |
| Depression-Happiness Scale..... | 84 |
| Satisfaction with Life Scale | 84 |
| UCLA Loneliness Scale..... | 85 |
| Index of Self-Esteem | 85 |
| <i>Results</i> | 86 |
| Categorising Participants According to Identity Stage | 86 |
| HIF Stage and Psychosocial Well-Being..... | 87 |
| MANOVA Analysis | 88 |
| Factor Analysis | 89 |
| Qualitative Analysis | 92 |
| <i>Discussion</i> | 95 |
| Psychosocial Well-Being and HIF: A U-shaped Function | 95 |
| Clinical Implications..... | 99 |
| Expansions On Previous Research | 100 |
| Summary..... | 100 |
| CHAPTER FOUR: STUDY 2. MEDIATION AND MODERATION OF THE EFFECT OF HIF STAGE ON WELL-BEING: A PRELIMINARY INVESTIGATION..... | 102 |
| <i>Summary</i> | 102 |
| <i>Introduction</i> | 103 |
| Potential Mediation of the Effects of HIF Stage on Well-Being | 105 |
| Closeting | 106 |
| In-Group Identification | 108 |
| Perceived Group Status..... | 110 |
| Collective Self-Esteem..... | 111 |
| Potential Moderation of the Effects of HIF Stage on Well-Being | 114 |
| Perceived Group Permeability | 115 |
| Summary of Hypotheses..... | 117 |
| <i>Method</i> | 117 |
| Participants | 117 |
| Procedure..... | 120 |
| Demographic Data | 120 |
| Sexual Orientation Ratings and Closeting | 120 |
| Gay Identity Questionnaire..... | 121 |

| | |
|---|-----|
| Experimental Manipulation | 121 |
| Group Identification Scale | 123 |
| Collective Self-Esteem Scale | 125 |
| Satisfaction with Life Scale | 126 |
| Group Status Measures | 126 |
| Group Permeability Manipulation Checks | 126 |
| <i>Results</i> | 127 |
| Categorising Participants According to Identity Stage | 127 |
| Manipulation Checks | 127 |
| Effects of HIF Stage and Perceived Group Permeability on Well-Being | 128 |
| Potential Mediation of the Effect of Stage on Well-Being | 129 |
| Closeting | 129 |
| In-Group Identification | 131 |
| Perceived Group Status | 132 |
| Collective Self-Esteem | 134 |
| <i>Discussion</i> | 135 |
| Perceived Group Permeability: Moderation of the Effect of Stage on In-Group Identification but not Well-being | 136 |
| Neither Closeting, Identification, Perceived Status nor Collective Self-Esteem Mediate the Effect of Stage on Well-being | 137 |
| Closeting | 138 |
| In-Group Identification | 139 |
| Perceived Status | 140 |
| Collective Self-Esteem | 141 |
| Summary | 142 |
| CHAPTER FIVE: STUDY 3. EFFECTS OF STAGE OF HOMOSEXUAL IDENTITY FORMATION, PERCEIVED GROUP PERMEABILITY, AND PERCEIVED GROUP STATUS ON USE OF IDENTITY MANAGEMENT STRATEGIES | 144 |
| <i>Summary</i> | 144 |
| <i>Introduction</i> | 146 |
| Identity Management Strategies | 146 |
| Perceived Status and Group Permeability influence the use of Identity Management Strategies | 147 |
| Addressing the Limitations of Study 2 | 148 |
| In-Group Identification | 148 |
| Closeting | 149 |
| Summary of Aims and Hypotheses | 150 |
| <i>Method</i> | 151 |
| Participants | 151 |
| Procedure | 153 |
| Demographic Data | 153 |
| Sexual Orientation Ratings and Closeting | 153 |
| Gay Identity Questionnaire | 154 |
| Experimental Manipulation | 154 |
| Status Manipulation Checks | 158 |
| Group Permeability Manipulation Checks | 158 |
| Karasawa's (1991, 1995) Group Identification Scale | 159 |
| Gay In-Group Identification Scale | 159 |
| Identity Management Strategies Scale | 160 |
| <i>Results</i> | 165 |
| Categorising Participants According to Identity Stage | 165 |
| Manipulation Checks | 166 |
| Paragraph Persuasiveness | 166 |
| Perceived Group Status | 167 |
| Perceived Group Permeability | 168 |
| HIF Stage and Identity Management Strategies | 169 |

| | |
|--|-----|
| In-Group Identification..... | 172 |
| Karasawa's (1991, 1995) Group Identification Scale..... | 172 |
| Gay In-Group Identification Scale..... | 173 |
| Closeting..... | 177 |
| <i>Discussion</i> | 177 |
| HIF Stage and Identity Management Strategies..... | 177 |
| HIF Stage and In-Group Identification..... | 179 |
| HIF Stage and Closeting..... | 181 |
| Summary..... | 184 |
| CHAPTER SIX: STUDY 4. GLOBAL IDENTIFICATION, IDENTITY SALIENCE, AND "ACTING STRAIGHT" MEDATE THE EFFECT OF HIF STAGE ON PSYCHOSOCIAL WELL-BEING..... | 185 |
| <i>Summary</i> | 185 |
| <i>Introduction</i> | 186 |
| Potential Mediation of the Effects of HIF Stage on Well-Being..... | 187 |
| Closeting..... | 187 |
| In-Group Identification..... | 189 |
| Acting straight..... | 191 |
| Potential Moderation of the Effects of HIF Stage on Well-Being..... | 192 |
| Self-Monitoring..... | 192 |
| Perceived Group Power..... | 196 |
| Summary of Hypotheses..... | 198 |
| <i>Method</i> | 198 |
| Participants..... | 198 |
| Procedure..... | 201 |
| Demographic Data..... | 201 |
| Gay Identity Questionnaire..... | 201 |
| Self-Monitoring Scale..... | 201 |
| Experimental Manipulation..... | 202 |
| Group Power and Status..... | 204 |
| Psychosocial Well-Being Measures..... | 205 |
| Gay In-Group Identification Scale..... | 207 |
| Identity Management Strategies Scale..... | 208 |
| Closeting..... | 208 |
| <i>Results</i> | 209 |
| Categorising Participants According to Identity Stage and Self-Monitoring..... | 209 |
| Manipulation Checks..... | 210 |
| Effects of HIF Stage, Self-Monitoring and Perceived Group Power on Measures of Well-Being..... | 211 |
| Satisfaction with Life..... | 212 |
| Single Item Self-Esteem..... | 212 |
| Self-Esteem Scale..... | 212 |
| Social and Emotional Loneliness Scale..... | 213 |
| Depression-Happiness Scale..... | 214 |
| Affect Rating Scale..... | 214 |
| Global Well-Being Factor Analysis..... | 214 |
| Mediation of the Effect of HIF Stage on Psychosocial Well-Being..... | 216 |
| Closeting..... | 216 |
| In-Group Identification..... | 226 |
| Identity Management Strategies..... | 233 |
| Summary..... | 240 |
| A Competitive Test of Mediators..... | 241 |
| <i>Discussion</i> | 243 |
| Mediation of the Effects of HIF Stage on Well-Being..... | 244 |
| Closeting..... | 244 |
| In-Group Identification..... | 244 |
| Acting straight..... | 245 |
| Potential Moderation of the Effects of HIF Stage on Well-Being..... | 247 |

| | |
|---|-----|
| Self-Monitoring | 247 |
| Perceived Group Power | 249 |
| Summary..... | 250 |
| Clinical Implications..... | 250 |
| CHAPTER SEVEN: GENERAL DISCUSSION..... | 252 |
| <i>Summary</i> | 252 |
| <i>Introduction</i> | 253 |
| <i>Summary of Results</i> | 255 |
| Study 1 | 255 |
| Study 2..... | 257 |
| Study 3..... | 259 |
| Study 4..... | 261 |
| Summary..... | 263 |
| <i>Key Contributions to the Literature</i> | 263 |
| Empirical Validation of Cass' (1979) Model..... | 263 |
| Variation of Well-Being According to Stage of Gay Identity Development..... | 265 |
| Explaining Why HIF Stage Affects Psychosocial Well-Being..... | 267 |
| In-Group Identification is Associated with Positive Well-Being | 269 |
| Closeting: Theoretical Developments..... | 270 |
| Validity and Reliability of the Self-Other Closeting Scale | 270 |
| Validity and Reliability of the Passive-Active Closeting Scale | 271 |
| The Distinction between Closeting and Acting straight..... | 272 |
| Summary..... | 275 |
| The Intersection of Clinical Psychology and Social Psychology..... | 275 |
| <i>Strengths and Limitations of the Current Research</i> | 276 |
| Strengths..... | 276 |
| Detailed Investigation of Cass' (1979) Model..... | 276 |
| Improvements on Brady and Busse's (1994) Research | 277 |
| Limitations..... | 278 |
| Lack of Moderators..... | 282 |
| The Use of Internet-Based Methodology..... | 284 |
| The Use of a Self-Selected Sample..... | 285 |
| The Distinction between HIF Stage and In-Group Identification | 286 |
| <i>Future Research Directions</i> | 288 |
| Non-internet Based Research | 288 |
| Applying Cass' (1979) Model to Lesbians..... | 289 |
| Longitudinal Research..... | 291 |
| Cultural Legitimacy of Gay Identity..... | 292 |
| Cultural Legitimacy within Western Society..... | 292 |
| Cultural Legitimacy within Non-Western Society..... | 294 |
| Theoretical Development of Cass' (1979) Model..... | 294 |
| Revisiting Assumptions about the Acceptance Stage | 294 |
| Implications for Other Models of Identity Formation | 296 |
| Marcia's (1966) Model of Identity Development | 296 |
| Ethnic Identity Development | 298 |
| <i>Implications of the Research Findings</i> | 300 |
| Poor Well-Being is not an Inherent Part of Being Gay..... | 300 |
| Clinical Interventions during Gay Identity Development..... | 300 |
| Social Change to Enhance Well-Being during Gay Identity Development..... | 304 |
| Positive Growth is Always Possible | 305 |
| REFERENCES..... | 311 |
| APPENDIX A: INSTRUMENTS USED IN THE STUDIES..... | 351 |
| <i>Gay Identity Questionnaire (Brady & Busse, 1994)</i> | 351 |

| | |
|--|-----|
| <i>Depression-Happiness Scale (McGreal & Joseph, 1993)</i> | 353 |
| <i>Satisfaction with Life Scale (Diener, Emmons, Larsen & Griffin, 1985)</i> | 354 |
| <i>UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980)</i> | 355 |
| <i>Index of Self-Esteem (Hudson, 1982)</i> | 356 |
| <i>Group Identification Scale (Karasawa, 1991)</i> | 357 |
| <i>Collective Self-Esteem Scale (Luhtanen & Crocker, 1992)</i> | 358 |
| <i>Self-Other Closeting Scale</i> | 359 |
| <i>Gay In-Group Identification Scale</i> | 360 |
| <i>Identity Management Strategies Scale (Blanz, Mummendey, Mielke & Klink, 1998)</i> | 361 |
| <i>Self-Monitoring Scale (Snyder & Gangestad, 1986)</i> | 363 |
| <i>Group Power and Status</i> | 364 |
| <i>Rosenberg Self-Esteem Scale (Rosenberg, 1965)</i> | 365 |
| <i>Social and Emotional Loneliness Scale (DiTommaso, Brannen & Best, 2004)</i> | 366 |
| <i>Affect Rating Scale (Lücken & Simon, 2004)</i> | 367 |
| <i>Passive-Active Closeting Scale</i> | 368 |
| APPENDIX B: CREATION OF THE GAY IN-GROUP IDENTIFICATION SCALE | 369 |
| APPENDIX C: INDIVIDUAL IDENTITY MANAGEMENT STRATEGY ANALYSES FOR STUDY 3 | 373 |
| <i>Identity Management Strategies: Multivariate Analyses of Variance</i> | 373 |
| <i>Discussion</i> | 379 |
| APPENDIX D: INDIVIDUAL IDENTITY MANAGEMENT STRATEGY ANALYSES FOR STUDY 4 | 383 |
| Individual Mobility | 385 |
| Assimilation | 385 |
| Individualization | 386 |
| Realistic Competition | 386 |
| Social Competition | 386 |
| Re-evaluate Comparison Dimension | 387 |
| New Comparison Dimension | 387 |
| Temporal Comparison | 387 |
| New Comparison Group | 388 |
| Superordinate Recategorization | 388 |
| Subordinate Recategorization | 388 |
| Comparison with Standard | 388 |
| Correlation Analysis: Identity Management Strategies and Psychosocial Well-Being | 389 |
| Summary | 391 |
| Psychosocial Well-Being and Identity Management Strategies | 391 |

LIST OF TABLES

| | |
|--|-----|
| Table 3.1 Nationalities of the Sample | 81 |
| Table 3.2 Occupations of the Sample | 82 |
| Table 3.3 Number of Participants for Each Identity Stage | 86 |
| Table 3.4 Correlations between Psychosocial Well-Being Variables..... | 88 |
| Table 3.5 Means and Scheffé Comparisons for Well-Being Variables by each of the HIF stages | 89 |
| Table 3.6 Well-Being Variable Means and Standard Deviations in Study 1 and Other Research | 98 |
| Table 4.1 Nationalities of the Sample | 118 |
| Table 4.2 Occupations of the Sample | 119 |
| Table 4.3 Participant Distribution by HIF Stage and Perceived Group Permeability .. | 127 |
| Table 5.1 Nationalities of the Sample | 151 |
| Table 5.2 Occupations of the Sample | 152 |
| Table 5.3 Participant Distribution by Experimental Condition and HIF Stage | 165 |
| Table 5.4 Pattern Matrix for Identity Management Strategies Scale | 170 |
| Table 5.5 Pattern Matrix for the Gay In-Group Identification Scale | 175 |
| Table 6.1 Nationalities of the Sample | 199 |
| Table 6.2 Occupations of the Sample | 200 |
| Table 6.3 Participant Distribution by HIF Stage, Perceived Group Power and Self-Monitoring | 210 |
| Table 6.4 Correlations between Psychosocial Well-Being Variables..... | 211 |
| Table 6.5 Correlations of the Psychosocial Well-Being Variables and Self-Other Closeting Scale Total Scores..... | 218 |
| Table 6.6 Pattern Matrix for the Passive Active Closeting Scale | 221 |
| Table 6.7 Correlations of the Psychosocial Well-Being Variables and Passive-Active Closeting Subscale Total Scores | 223 |
| Table 6.8 Correlations of the Psychosocial Well-Being Variables and Global Identification | 228 |
| Table 6.9 Correlations of the Psychosocial Well-Being Variables and Identity Salience | 232 |
| Table 6.10 Pattern Matrix for the Identity Management Strategy Scale..... | 235 |
| Table 6.11 Correlations between the Psychosocial Well-Being Variables and Acting straight, Gay Enhancement, and Avoidance Index Scores | 238 |
| Table B.1 Gay In-Group Identification Scale | 370 |
| Table D.1 Correlations between Identity Management Strategies..... | 384 |
| Table D.2 Correlations between Psychosocial Well-Being and Identity Management Strategies | 390 |

LIST OF FIGURES

| | |
|--|-----|
| Figure 3.1. Mean standard scores of well-being dependent variables across HIF stages. | 87 |
| Figure 3.2. Scree plot of the psychosocial well-being factor analysis. | 91 |
| Figure 3.3. Mean well-being index by HIF stage..... | 92 |
| Figure 4.1. Causal chain involved in mediation (adapted from Baron & Kenny, 1986). | 105 |
| Figure 4.2. Moderator model (adapted from Baron & Kenny, 1986). | 114 |
| Figure 5.1. Scree plot for the identity management strategy factor analysis. | 170 |
| Figure 5.2. Scree plot of the identity management strategy factor analysis. | 174 |
| Figure 6.1. Scree plot of the psychosocial well-being factor analysis. | 215 |
| Figure 6.2. Scree plot of the Passive-Active Closeting Scale items factor analysis. | 220 |
| Figure 6.3. Scree plot of the identity management strategy factor analysis. | 234 |
| Figure B.1. Interaction between HIF stage and permeability condition on assimilation under low status conditions. | 374 |
| Figure B.2. Interaction between status and permeability on realistic competition. | 375 |
| Figure B.3. Interaction between status and permeability condition on social competition at different HIF stages. | 376 |
| Figure B.4. Interaction between status and permeability on temporal comparison. | 377 |
| Figure B.5. Interaction between HIF stage and permeability condition on re-evaluate comparison dimension under low status conditions. | 377 |
| Figure B.6. Interaction between status and permeability condition on new comparison group for acceptance participants..... | 378 |

ABSTRACT

Since 1973, mental health professionals have rejected the historical view of homosexuality as being inherently pathological (American Psychiatric Association, 1973; Le Vay, 1996). However, research shows that some, but not all, gay men are at increased risk of a range of difficulties, including substance use, depression, anxiety, and suicide (e.g., Ashman, 2004; Fergusson, Horwood, & Beautrais, 1999; Gonsiorek, 1988; Kulkin, Chauvin, Percle, 2000; Meyer, 2003). The current research aimed to investigate (a) whether psychosocial well-being varied according to stage of gay identity development based on Cass' (1979) model of homosexual identity formation (HIF); and (b) why such stage-based variations in well-being occur.

Participants were self-identified gay men who completed internet-based questionnaires. Studies 2, 3 and 4 included experimental manipulations. Study 1 revealed that the relationship between HIF stage and psychosocial well-being represented a U-shaped function. The early confusion and comparison stages and late pride and synthesis stages of HIF were associated with good psychosocial well-being. In contrast, the middle tolerance and acceptance stages of HIF were associated with poor well-being. Study 2 revealed that acceptance stage participants demonstrated more closeting, lower in-group identification, lower membership collective self-esteem, and lower private collective self-esteem than did synthesis stage participants. However, none of these variables mediated the effects of HIF stage on well-being. In Study 3, I used improved measures of in-group identification and closeting and found that, compared to synthesis participants, acceptance participants reported greater identity salience and less global identification and used acting straight and closeting strategies to a greater extent. Importantly, in Study 4, I found that global identification, identity

salience and the acting straight strategy independently mediated the effects of HIF stage on psychosocial well-being. These latter findings suggest that acceptance stage people have poorer well-being because (a) they identify less with the gay in-group, (b) they are more preoccupied with their gay identity, and (c) they make greater use of an acting straight strategy to manage their identity.

Taken together, these findings lend empirical support to Cass' (1979) model of HIF and contradict the notion that homosexuality is inherently pathological. Rather, individuals' responses to membership of a negatively valued social group hold significant implications for their well-being. Two key implications follow from this research. First, at the individual level, the nature and timing of clinical interventions to assist gay men must be appropriate to their stage of HIF. Second, at the society level, broad social change is required to reduce stigma associated with gay identity.

CHAPTER ONE: GENERAL INTRODUCTION

Summary

In this chapter, I provide a brief historical overview of social and psychological attitudes towards gay identity. I discuss the concepts of personal identity and social identity, particularly as applied to gay identity. I discuss language and terminology used in the thesis, followed by an overview of the main aims of the research. Finally, I provide a general overview of the structure of the thesis.

Introduction

Sexuality and sexual identity have always been contentious issues within Western society. The expression of one's sexuality is usually an intensely personal and private experience, and yet it holds considerable social implications for the individual. Some sexual identities have been historically accepted and endorsed. Life-long heterosexual monogamy within the bounds of marriage is arguably the most culturally accepted expression of sexual identity within Western society. Other sexual identities have been rejected to various degrees by wider society. Such rejection has been expressed in a host of ways, ranging from ignoring the existence of the identity, to active discrimination and denial of basic human rights.

In the current chapter, I provide a brief summary of how modern Western society has viewed gay identity. In particular, I argue that gay identity has been variously viewed as a sin, a crime, and a disease. In the last three decades, attitudes towards lesbians and gay men have improved, but the individual developing a gay identity does so within a society that still holds predominantly negative views towards gay and lesbian identities.

Following this summary, I discuss the concept of personal and social identity. I also discuss the use of terminology and language within this thesis. Finally, I present an outline of the following chapters.

Sin, Crime, Sickness and an "Instant Cure": Homosexuality, Psychology, and Western Society

Pre 19th Century Views: Homosexuality as a Sin and a Crime

As early as the late 1600s and early 1700s, contemporary British reports describing the prosecution of 'sodomites' demonstrated that there were men who

engaged in male-male sexual activity, who identified themselves as being similar on the basis of their male-male sexual activity, and who were also identified by others as similar on the basis of this activity (e.g., Old Bailey Proceedings Online, 1726a, 1726b). The wider community described these men as “sodomites”. The men themselves referred to each other as “Mollies”, and they met for social and sexual purposes at organised venues that were referred to as “Molly houses” (Old Bailey Proceedings Online, 1726a, 1726b). The currently accepted term “gay” was not used to denote this group in the 1720s. However, these contemporary sources clearly demonstrate that the male-male sexual behaviour was associated with a social identity.

The male-male sexual behaviour engaged in by the “Mollies” was described as “the heinous and detestable Sin of Sodomy” (Old Bailey Proceedings Online, 1726a). Sodomy was regarded as a crime, and those found guilty could be executed (e.g., Old Bailey Proceedings Online, 1726a, 1726b). There was host of prosecutions for male-male sexual activity in 17th and 18th Century Britain.

Male-male sexual activity was viewed as a sin in religious terms. The prohibition of male-male sexual activity was based on several texts within the Bible, such as Romans 1:26, Genesis 13:13, and Leviticus 20:13. These texts generally expressed a negative view of male-male sexual relations. The British legal system (and hence, the legal systems of Britain’s various colonies, including Australia, New Zealand, the USA, and Canada) was heavily influenced by the Judeo-Christian prohibition of male-male sexual activity. Queen Victoria’s *Criminal Law Amendment Act* of 1885, originally intended to suppress brothels, also included penalties for male-male sexual behaviours. A possibly apocryphal story indicated that Queen Victoria ordered all references to female-female sexual activity to be removed from the Act because she did not believe that such behaviour was possible, and she would not engage

in further conversation about the subject (Robb, 2004). Whether this story is true or not, female-female sexual activity has never been illegal in England. Legal prohibition and moral outrage were reserved for male-male sexual activity alone.

Late 19th and early 20th Century views: Homosexuality as a Disease

The late 19th Century saw a shift in perceptions towards male-male sexual behaviour. The prevailing view that homosexuality was a sin and a crime worthy of punishment began to be questioned (Robb, 2004). There was increasing social and cultural acknowledgement of male-male sexuality. Contemporary references to gay men often used the euphemism “musical young man”, and crooked fingers and green carnations were used as signals of availability for same-sex attracted men (Robb, 2004). The 1890’s were known as the ‘gay nineties’. Although the term originally referred to a range of sexual and lifestyle freedoms, it is probable that this is the origin of the term ‘gay’ as used in its modern sense (Robb, 2004). However, while same-sex attracted people were experiencing an increased sense of freedom, the wider community retained an overwhelmingly negative attitude towards male-male sexuality.

Richard von Krafft-Ebing classified homosexuality as a disease in 1886 (Le Vay, 1996). Krafft-Ebing argued that homosexuality was developed either congenitally or was acquired from excessive sexual activity, particularly masturbation. This medical model of homosexuality was widespread throughout the 19th Century, and men who engaged in male-male sexual activity were generally classified as sexual perverts (Bullough, 1974; Foucault, 1978). There was a small minority that disagreed with the prevailing model of homosexuality as pathology. For example, Ellis, a contemporary of Krafft-Ebing, proposed that ‘inversion’ (i.e., homosexuality) was caused by a combination of upbringing and biological factors. Ellis argued that homosexuality was

simply a variation of the usual process of sexual development, and therefore not in itself harmful (Le Vay, 1996).

Freud and the psychoanalysts believed that homosexuality had psychological causes related to early developmental experiences that influenced the object to which the libido became attached (Le Vay, 1996). Psychoanalysts believed that homosexuality could be changed through therapy. However, Freud's famous *Letter to a Concerned Mother* also suggested that he did not consider homosexuality to be necessarily pathological: "Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness" (Freud, 1935, cited in Jones, 1955). Many early psychoanalysts disagreed with these sentiments. They believed that homosexuality was a pathological condition resulting from fixation at an early stage of development, and was a result of failure to resolve the Oedipus complex (Twomey, 2003).

Other theorists saw homosexuality as having a biological cause, and the early 20th Century saw the first reported surgical attempts to cure homosexuality. Between 1916 and 1921, Steinach performed at least 11 operations on homosexual men (Schmidt, 1984). These operations involved unilateral castration of the patients, followed by transplantation of testicular tissue from heterosexual men. Steinach did not carry out complete castrations as he believed that the patients would marry, father children and lead a heterosexual lifestyle after the procedure. The operations were unsuccessful.

Arguably the most widespread persecution of gay males in the name of medical science occurred in Nazi Germany. The Nazi movement saw homosexuality as a threat to the reproduction of the Aryan race and was interested in finding a medical 'cure' for homosexuality. Between 1933 and 1945, around 50,000 German men were convicted of

homosexuality. Of these, between 5,000 and 10,000 were sent to concentration camps, where most died (Lautmann, 1981; Le Vay, 1996). Medical treatment of homosexuality within the concentration camps included involuntary castration, sterilisation, and injection with slow-release capsules containing testosterone (Bremer, 1959; Giles, 1992; Lautmann, 1981; Le Vay, 1996). The autobiography of Rudolf Höss, commandant of the Auschwitz concentration camp, revealed that the Nazi regime also attempted to ‘cure’ homosexual males through hard labour, and they claimed success in some cases. Höss indicated that any renunciation of homosexuality was tested by observing the individual engaged in sexual activity with a female prostitute (Höss, 1960)¹.

The diagnosis of homosexuality as a mental disorder arguably transformed what had previously been viewed as an individual’s behaviour into what would now be seen as an identity. In earlier times, the focus of attention had been on the same-sex behaviour of an individual, but the social construction of terms such as “gay”, “straight” and “bisexual” occurred following the medical diagnosis of homosexuality based on same-sex behaviour.

Post World War II: Gathering Evidence

Kinsey, Pomeroy, and Martin (1948) and Kinsey and Gebhard (1953) conducted the largest studies of human sexual behaviour in the mid 20th Century. These studies found that many people have had homosexual experiences or sensations. The Kinsey Reports found that approximately four percent of adult Americans were predominantly gay or lesbian for their entire lives, and approximately 10 percent were predominantly

¹ Following the liberation of the concentration camps, many surviving men convicted of homosexuality were transferred to prisons as they were still regarded as criminals under West German laws (Burleigh & Wipperman, 1991). The laws developed by the Nazi party prohibiting male-male sexual activity were repealed in East Germany in 1968 and West Germany in 1969.

gay or lesbian for some portion of their lives (Kinsey et al., 1948; Kinsey & Gebhard, 1953). These results challenged the prevailing view that homosexuality was a disorder.

Hooker (1956, 1957, 1958) provided further evidence that homosexuality was not inherently associated with psychopathology. Hooker administered projective psychological tests to heterosexual and homosexual males. The tests results were analysed by experienced psychiatrists, who were blind to the sexual orientation of the participants. The psychiatrists were unable to distinguish between the results of the heterosexual and homosexual participants². Hooker's methodology was criticised because she chose participants who "seemed to be in good mental health, were functioning well in society, [and] were not too conflicted about their sexual orientation" (Le Vay, 1996, p. 216). Further, Hooker did not compare the groups with participants who did have significant mental health problems. However, Hooker's research challenged the assumption that homosexuality was necessarily associated with severe psychopathology and suggested that bias and homophobia might be affecting the psychiatric profession's attitude towards homosexuality (Le Vay, 1996). Siegelman (1972, 1978, 1979) replicated Hooker's (1956, 1957, 1958) findings that there were no significant differences in neuroticism between homosexual men and women using objective measures.

Despite such evidence, many doctors continued to view homosexuality as a disorder that could be cured, and they engaged in invasive procedures to achieve this end³. Silverstein (1996) reported that Roeder introduced a new surgical technique in 1962. This technique involved making a right-side lesion in the tuber cinereum in the brain. By 1981, 75 men considered "sexually abnormal" (Silverstein, 1996, p. 9) were

² For an interesting review of Hooker's research and the historical context in which it occurred, see Hooker (1993).

³ It is interesting to note that both surgical and non-surgical approaches designed to 'cure' homosexuality appear to have been conducted only with males. I could not find any published research that described attempts to 'cure' female homosexuality.

subjected to hypothalamotomies (Rieber & Sigusch, 1979; Schmidt & Schorsch, 1981). Silverstein stated that most of these men were either imprisoned or involuntary patients within a psychiatric hospital and they agreed to surgery in the belief that they would be released following the operations. Rieber and Sigusch stated that the operation was viewed as an inexpensive alternative to psychotherapy in the West German prison system. Rieber and Sigusch also indicated that some non-incarcerated homosexual men also endured the surgical intervention. There was no evidence suggesting that these surgical interventions were successful. These surgeries were stopped following negative publicity (Sigusch, Schorsch, Dannecker, & Schmidt, 1982).

The dominance of the behaviour therapy movement meant that non-surgical interventions for homosexuality were based on the assumption that homosexuality was a learnt condition. Treatment consisted of a range of aversive behaviour therapies. These included electric shock therapy, in which the individual was exposed to images of nude males and females and given an electric shock if sexual arousal occurred in response to a same-sex stimulus (e.g., Callahan & Leitenberg, 1973; Feldman & Macculloch, 1964; Marks, 1968; McConaghy, Armstrong, & Blaszczyński, 1981). Alternatively, sexual arousal to same-sex stimulus images was paired with exposure to apomorphine, a drug causing severe nausea (e.g., McConaghy, 1969). Covert sensitisation was also employed by behaviour therapists. The therapist exposed the individual to an imagined same-sex sexual encounter. Imagined same-sex sexual activity within the encounter was paired with an unpleasant image, such as finding that the imagined sexual partner's sexual organs were covered with pustules or that the individual vomited during sexual contact. The therapist would then encourage the individual to imagine ceasing the same-sex activity and then imagine opposite-sex sexual activity, which was paired with pleasant associations (e.g., Callahan & Leitenberg, 1973; McConaghy, 1969). These behavioural

interventions did not demonstrate long-term success in altering sexual identity, although there was some evidence of suppression of sexual response and behaviour (e.g., McConaghy, 1976).

The 1970s and the “Instant Cure”

Le Vay (1996) argued that the decision to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM) was driven by gay rights activism. However, this decision was made after careful debate and consideration, and the gay rights movement’s primary contribution was to cause the mental health professions to question assumptions and prejudices about human sexuality. In response to calls for the removal of homosexuality from the DSM, Green (1972) reviewed a range of research on homosexuality, including evidence from human and animal studies, psychodynamic and social-learning theories, and studies of psychological adjustment. Green questioned why sexual orientation should be changed, and he considered the impact of social values on psychiatric theory and practice. There were a range of responses to Green’s article, representing both conservative views (Hatterer, 1972; Socarides, 1972) and liberal views (Marmor, 1972; Hoffman, 1972).

Le Vay (1996) argued that the deciding factor in most psychiatrists’ minds was that “large numbers of gays and lesbians were leading apparently healthy, happy, useful lives – a fact that seemed at odds with psychiatrists’ usual experience of mental illness” (p. 228). In contrast, scientific research into the cause of homosexuality had little impact on the decision to declassify homosexuality as a mental illness. “The consensus seemed to be that the cause of homosexuality was not as significant as its results.” (Le Vay, 1996, p. 229).

In 1974, the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders. Ten thousand psychiatrists returned their ballots, with 58% supporting the decision and 37% opposed (Le Vay, 1996). With some irony, this decision was reported in the media as an “instant cure” (An instant cure, 1974).

Contemporary Views

Most psychological and psychiatric professional bodies now agree that homosexuality does not constitute a mental illness or disorder. The American Psychiatric Association (1973, 1992, 2000) has released several position statements arguing that

homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational responsibilities... the American Psychiatric Association deplores all public and private discrimination against homosexuals in such areas as employment, housing, public accommodation, and licensing... and urges the enactment of civil rights legislation at the local, state, and federal level that would offer homosexual citizens the same protections now guaranteed to others on the basis of race, creed, color, etc...and urges the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private (American Psychiatric Association, 1973).

The American Psychiatric Association (2000) position statement explicitly states that ethical practitioners should refrain from attempts to change individuals' sexual orientation. This position statement was developed in response to practitioners of 'reparative' therapies (e.g., Harvey, 1987; Moberly, 1983; Nicolosi, 1991). The American Psychiatric Association was particularly critical of the way “practitioners of

‘reparative’ therapy have openly integrated older psychoanalytic theories that pathologize homosexuality with traditional religious beliefs condemning homosexuality” (American Psychiatric Association, 2000, p. 1).

The stance of the American Psychiatric Association has since been endorsed by a range of professional bodies, including the American Psychological Association (American Psychological Association, 1987; Conger, 1975), the Australian Psychological Society (Australian Psychological Society, 2008), and the Canadian Psychological Association (Canadian Psychological Association, 2008).

Distinguishing Sexual Identity from Sexual Behaviour

It is important to note that there is a difference between sexual identity and sexual behaviour. Individuals can engage in same-sex behaviour without accepting a sexual identity as a lesbian or gay male. For example, same-sex sexual behaviour within correctional settings is often engaged in by individuals who identify themselves as heterosexual (for a comprehensive review of sexual behaviour within prisons, see Hensley & Tewksbury, 2002). Similarly, individuals may identify themselves as gay, lesbian or straight even though they have not engaged in sexual behaviour with a partner.

The focus of the current thesis is the process of sexual identity formation in gay males. In particular, the thesis explores the relationships between the individual’s stage of gay identity development, the individual’s responses to the emergent gay identity, and psychosocial well-being. The thesis is therefore primarily concerned with sexual identity rather than sexual behaviour.

Defining Sexual Orientation

Le Vay (1996, pp. 41-65) commented on the difficulties facing researchers in defining sexual orientation. For example, the researcher could approach sexual orientation as part of a continuum or alternatively categorise participants according to distinct categories. If the latter approach is used, then the question quickly arises about the number of categories that are required to provide an accurate representation of different types of identity. Further, how is sexual orientation defined? Le Vay (1996) indicated that one approach is to use biological markers of sexual response to same- and opposite-sex stimuli (e.g., penile plethysmography). The problem with this approach is that it is quite invasive and unlikely to be acceptable to most participants. A further problem is that the individual's physical response might not reflect the individual's accepted identity. A second approach could be to ask participants about their sexual and emotional responses to males and females. The problems with this second approach relate to participants' honesty as well as a shared understanding of terminology such as "sexual attraction". A third approach could be based on individuals' actual sexual behaviour. However, once again, this approach relies on accurate reporting. Further, Le Vay argued that actual sexual behaviour is often influenced by other factors such as moral and religious beliefs and presence or absence of opportunity to engage in such behaviour. The final approach could be to ask the individuals to label themselves, which is a subjective process, again influenced by external social and attitudinal factors.

Shively and De Cecco (1977) discussed how biological sex, gender identity, social sex-role (that is, masculinity or femininity), and sexual orientation interact to form the individual's sexual identity. Shively and De Cecco defined sexual orientation as the individual's physical and affectional sexual preferences for relationships with members of the same and/or opposite biological sex. De Cecco (1981) argued that

modern conceptions of gay identity have developed within the sociopolitical context of the gay liberation movement. De Cecco argued that this identity has been linked with the notion of “the homosexual”, which had been defined as one of a range of sexual perversions by the medical profession in the 19th Century. De Cecco argued that this process created modern conceptions of sexuality as being a fixed state of either heterosexuality or homosexuality. De Cecco criticised this conception for failing to acknowledge the effects of the dynamic interplay between the physical, the emotional, and sexual fantasy on the individual’s sexual identity.

Laumann and Gagnon (1995) argued that most theories of sexuality saw sexual behaviour as either socially driven or biologically driven. The biological models emphasise sexual drive or instinct, but are limited by their lack of recognition of the sociocultural milieu in which sexual behaviour occurs. Laumann and Gagnon also argued that traditional research on sexuality focussed primarily on the individual in isolation, rather than recognising that the individual’s behaviour often follows socially constructed scripts. Laumann and Gagnon argued that sexual behaviour, sexual desire, and sexual identity were distinct concepts. These facets of sexuality occur within social structures, and are defined and interpreted according to existing social categories. For example, same-sex sexual activity can only be defined as “gay” in a society which has a “gay” social category.

Klein and colleagues argued that the widespread use of terms such as heterosexual, bisexual, and homosexual has restricted theoretical development and research into sexual orientation (Klein, Sepekoff, & Wolf (1985). Klein (1990) argued that sexual orientation was a dynamic, multivariate process. Klein defined seven key dimensions of sexuality including sexual behaviour, emotional preference, sexual fantasies, sexual attraction, social preferences, heterosexual or homosexual lifestyle, and

self-identification. Klein et al. (1985) developed the Klein Sexual Orientation Grid (KSOG), a reliable and valid measure composed of these seven dimensions of sexual orientation. The results contradicted the widely held belief that individuals develop fixed sexual orientation in childhood. Rather, the participants in Klein et al.'s research reported that their sexual orientation had often altered significantly during their adult lives. Klein's work provided evidence of the fluidity of sexual behaviour and identity throughout the lifespan.

In this thesis, I use the terms "gay" and "straight" as labels of the respective social identities. The labels of "gay" and "straight" refer to social categories, and these categories exist only in communities who define sexuality in such a dichotomous way. In Studies 2, 3 and 4, participants responded to advertisements specifically targeting 'gay men'. Therefore, participants identified themselves as having a gay identity simply by participating in the study. In addition to this self-labelling, participants in Studies 2, 3, and 4 also rated their sexual orientation on a continuum.

Sexual Identity and its Development

Personal and Social Identity

Identity is a commonly used term in psychology (Kroger, 2000). The current research is concerned with two aspects of identity: *personal identity* and *social identity*. Hogg (2001) argued that personal identity is used to refer to the individual's private self-image, or individual self. This personal identity is based on idiosyncratic traits and is associated with interpersonal behaviours. In contrast, social identity refers to the collective self. This social identity is based on group membership and group behaviours. An individual can only hold a given personal identity when the relevant social category

exists. That is, the individual can only hold a gay personal identity in societies where there is a gay social category.

The current research focuses on the development of gay identity in males. Following Cass (1979), this gay identity encompasses both the individual's private self-concept as being gay, as well as the individual's membership of the gay social group. Cass argues that identity formation occurs within a sociocultural context, in which the individual translates social knowledge into personal identity. In Western society, people who engage in same-sex sexual activity are socially defined as "gay", while those who engage in opposite-sex sexual activity are defined as straight. The individual therefore translates existing social categories into personal beliefs about the self, defining the self as either gay or straight. Cass (1999) indicates that these social categories exist in Western society, but not necessarily in other cultures. In cultures where there is no concept of "gay" and "straight", the individual cannot develop a gay identity. Cass' model of identity development therefore falls within a social constructionist framework.

Acquisition of identity follows a developmental process (Kroger, 2000). The individual gradually establishes a sense of self, through processes of identity exploration and commitment. Further, identities continue to change throughout the lifespan.

Theories of Identity Development

There have been many theories of identity development (for a review, see Frable, 1997). Most of these theories suggest that the individual begins at a point of confusion or unawareness of the identity. This is followed by a period of exploration of the identity. Finally, the individual achieves a consolidated, integrated sense of identity.

The various theories of identity development have addressed a range of identities, including gender, racial, ethnic, sexual, and class identities (Frable, 1997).

Marcia (1966) proposed a popular model of identity formation that can be applied to a range of identities. This model suggests that the individual develops an identity through the processes of exploration and commitment. Through exploration of the identity, the individual attempts to pursue a refined, accurate sense of self. Commitment occurs when the individual chooses to adopt an identity that unifies goals, values and beliefs. According to Marcia's (1966) model, the individual might commit to an identity without previous exploration, resulting in *foreclosure*. The individual might engage in exploration without committing to the identity, resulting *moratorium*. The individual might explore and then commit to the identity, resulting in *achievement*. Finally, the individual might avoid both exploration of and commitment to the identity, resulting in a status labelled *diffusion*. Marcia's model has been applied in studies of both ethnic identity (e.g., Seaton, Scottham, & Sellers, 2006) and sexual identity (e.g., Worthington, Navarro, Savoy, & Hampton, 2008).

Marcia's model provides a clear construct that is applicable to the general process of identity development. However, others have developed identity-specific models that aim to more accurately describe idiosyncratic aspects of particular types of identity. For example, Cass' (1979) model of homosexual identity formation (HIF) has similarities with Marcia's model, but was specifically designed to capture the process of gay identity development. Cass' model argues that the individual achieves a gay identity by progressing through a series of six stages: *confusion*, *comparison*, *tolerance*, *acceptance*, *pride*, and *synthesis*. The impetus for progression through the stages is the individual's desire to achieve congruence between personal identity, social identity, and behaviour. Other motivating factors include the individual's need to maintain

consistency in self; to develop and maintain positive self-concept; or to adhere to sociocultural beliefs that sexual or emotional attraction to a member of the same sex means that the individual must be a gay male or lesbian (Cass, 1996). Cass' model has been widely accepted (McCarn & Fassinger, 1996; Radonsky & Borders, 1995), and is the focus of the current research. The model is described more fully in Chapter 2.

Gay Identity within Contemporary Western Society

Direct evidence that gay identity is often viewed negatively by the wider community is observed through prejudiced attitudes towards lesbians and gay men (e.g., Herek, 1984, 1994, 2000; Herek & Berrill, 1992; Herek & Capitanio, 1996, 1999; Yang, 1997) as well as overt and covert discrimination (e.g., Herek, 2000; Herek & Berrill, 1992; Jones, 1996; Lyons & Atwood, 1994). Consequently, gay identity development occurs in an environment where gay identity is viewed negatively compared to straight identity. This can hold significant implications for the individual's well-being, defined as presence of positive affect, absence of negative affect, and satisfaction with most domains of life (Diener, 1994). For example, some gay men experience high rates of internalised homophobia (e.g., Allen & Oleson, 1999; Coleman, 1981/1982) and significant minority stress (e.g., Meyer, 1995, 2003; Wright & Perry, 2006). Gay and lesbian youth are also at high risk of a range of psychological problems, including depression, suicide attempts and suicide completions, and substance use (Ashman, 2004; Fergusson, Horwood, & Beautrais, 1999; Lock & Steiner, 1999; Safren & Heimberg, 1999).

The main aim of this research was to discover whether gay men's psychosocial well-being varied according to stage of gay identity development. Further aims included to investigate why these variations in well-being occurred, and to discuss the clinical

and theoretical implications of the findings. Discovering why some gay men experience poor well-being whereas others do not would allow the formulation of psychological and social interventions likely to improve gay men's well-being during the process of gay identity development.

Definitions and Language Use within this Thesis

Terminology

This thesis uses the terminology currently deemed appropriate according to the American Psychological Association (see American Psychological Association, 2001, p. 67). That is, the terms “gay men” and “lesbian” are used to refer to specific identities, and they are used in preference to the terms “homosexual” and “homosexuality” wherever possible. The latter terms have “been associated in the past with negative stereotypes” (American Psychological Association, 2001, p. 67). I have only used the terms homosexual and homosexuality when describing previous research that has used these terms.

It is fully acknowledged that terminology relating to gay identity is likely to continue to evolve, and that the terms used in this thesis might, in time, become outdated. However, all possible care has been taken to avoid biased language within this work.

Use of Masculine Pronouns

It should be noted that all participants in the current research were males. Therefore, masculine pronouns are sometimes used within the thesis when referring to participants. In no way was the use of the masculine pronoun intended to introduce sexist bias. The intention was to reduce ambiguity when referring to the population

being studied (American Psychological Association, 2001). I discuss the limitations of a focus on male participants in Chapter 7.

Overview of the Thesis

Chapter 2 presents a literature review that summarises significant research of relevance to gay identity development and psychosocial well-being. The first portion of the literature review is concerned with research into gay identity development. I discuss early descriptive research that lead to the development of stage models of gay identity formation. The strengths and weaknesses of stage models of gay identity formation are summarised, followed by a comprehensive overview of Cass' (1979) model of homosexual identity formation (HIF). This overview includes the theoretical background of the model, a detailed description of the stages proposed by Cass, and a critical review of empirical evidence for the model. Particular emphasis is placed on the development and validation of the Gay Identity Questionnaire (GIQ), which is a key independent variable in each of the studies that I report in this thesis.

The second portion of the literature review considers research into the psychosocial well-being of lesbians and gay men. I examine research into prejudice and discrimination against lesbians and gay men, and consider how prevailing negative attitudes towards homosexuality influence (a) the development of sexual identity, and (b) individuals' responses to their sexual identity. The literature review concludes with a summary of research findings that relate to the psychosocial well-being of lesbians and gay men.

Chapter 3 describes Study 1, which is the first of four empirical studies. The main aim of Study 1 was to determine whether psychosocial well-being varied as a

function of HIF stage. MANOVA and ANOVAs using polynomial contrasts established that there was a significant relationship between HIF stage and psychosocial well-being.

Chapter 4 describes Study 2. The first aim of Study 2 was to investigate why, and under what conditions, psychosocial well-being varied as a function of HIF stage. I conducted an experimental manipulation of perceived group permeability, a potential moderator of the effect of identity stage on well-being. I discovered that there were significant psychometric limitations of the measure of in-group identification.

Chapter 5 describes Study 3. The main aim of Study 3 was to investigate whether people in different stages of identity development used different identity management strategies. A secondary aim was to develop a more reliable measure of in-group identification. I experimentally manipulated perceived group permeability and perceived group status. Consistent with predictions, participants in different HIF stages used different identity management strategies

Chapter 6 describes the final empirical study. The main aim of Study 4 was to determine whether the stage-based differences in psychosocial well-being were mediated by the different identity management strategies revealed in Study 3. A further aim was to determine whether the relationship between HIF stage and psychosocial well-being was moderated by a personality variable, self-monitoring, or a sociostructural variable, perceived power. I found several variables that mediated the relationship between HIF stage and psychosocial well-being.

Chapter 7 contains a general discussion. The findings of the four studies are discussed, including a summary of the contribution that the research has made to the literature. The strengths and limitations of the present research are also discussed, along with suggestions for future research. I conclude with a discussion of the clinical and theoretical implications of the findings.

CHAPTER TWO: A LITERATURE REVIEW OF GAY IDENTITY DEVELOPMENT AND PSYCHOSOCIAL WELL-BEING

Summary

The purpose of this review is to summarise pertinent research relating to homosexual identity formation within Western society. Of several models of homosexual identity development that have been proposed (e.g., Coleman, 1982; Troiden, 1979), the current review focuses on Cass' (1979) model of homosexual identity formation. Individuals with emergent gay identities develop within a social context where the prevailing views towards homosexuality are frequently negative, and may internalise these negative attitudes towards their own feelings of same-sex attraction. Further, the individual can be exposed to overt and covert prejudice and discrimination. The individual may conceal the identity, thereby avoiding immediate negative consequences. The negative social context, exposure to prejudice and discrimination, social isolation, and internalized homophobia place people with emergent gay identities at increased risk of various psychosocial and psychiatric problems.

Introduction

The aim of this chapter is to review theoretical conceptualisations and research evidence related to the formation of gay identity within a Western social context. The first portion of the review summarises models of gay identity formation, focussing particularly on the model of homosexual identity formation proposed by Cass (1979). This stage model describes the process by which the individual acquires a gay identity.

The second portion of the review summarises research findings about the psychosocial well-being of lesbians and gay men. Evidence suggests that lesbians and gay men are exposed to prejudiced attitudes and discriminatory behaviours. Further, these prejudiced attitudes develop before individuals become aware of their own gay identities. Therefore, many individuals experience internalized homophobia. Individuals are faced with the decision to reveal or conceal the emergent gay identity, and this decision has significant implications to the individual's self-image. The mixture of exposure to prejudice and discrimination, internalized homophobia, and the complexities related to revealing or concealing the gay identity have been linked to significant psychosocial problems for lesbians and gay men. The review summarises pertinent research relating to suicide and self-harming behaviour, risk-taking behaviour, depression, anxiety, and self-esteem.

The question that arises from this review is whether the psychosocial well-being varies as a function of stage of gay identity formation according to Cass' (1979) model.

A Review of Gay Identity Formation

The process by which an individual acquires a gay identity has been of increasing interest to researchers since the early 1970s (Dank, 1971; Warren, 1974; Weinberg, 1970). The first section of the current review aims to summarise key

theoretical perspectives on gay identity within a Western context. Cass' (1979) model of homosexual identity formation (HIF) is described in detail, along with Brady and Busse's (1994) Gay Identity Questionnaire, the most valid and empirically supported scale used to assess stage of identity development.

Models of Homosexual Identity Formation

Descriptive Models of Homosexual Identity Formation

During the 1970s, considerable research interest focussed on the "coming out" process in gay men. Several descriptive studies provided the basis of subsequent research in the area (Dank, 1971; Warren, 1974; Weinberg, 1970). These studies required participants with a gay identity to recall and describe events or milestones that were particularly significant or important to their acquisition of this gay identity. These accounts were then analysed qualitatively to provide a description of significant events associated with "coming out".

Stage Models of Homosexual Identity Formation

Subsequent researchers also used this qualitative method, but went further in describing a typical sequence of the events, which were then described as developmental stages (Coleman, 1982; Troiden, 1979). While these studies made a significant contribution to the description of the gay identity formation process, they did have some limitations, as discussed by Brady and Busse (1994). First, the studies tended to be descriptive and did not provide a theoretical explanation of how an individual's identity evolves from pre-gay to gay. Second, the interviewers tended to use open-ended interviewing techniques, and were thus vulnerable to influences such as interviewer bias (Milburn, Gary, Booth, & Brown, 1991; Smith & Hyman, 1950; Williams, 1964).

Third, the interviews were based on retrospective accounts of coming out, and these accounts are subject to inaccuracies (Badia & Runyon, 1982). Many of these limitations have been addressed by various theoretical models of gay identity formation that have been empirically tested using qualitative methods in samples of gay men (Cass, 1979, 1984b; Troiden, 1979, 1989).

The developmental stage models of homosexual identity formation shifted the focus of research away from the previous foci of deviance and pathology, and challenged the idea that a homosexual identity is inherently pathological (Elizur & Ziv, 2001). The models have been able to demonstrate a positive association between gay male identity formation and feelings of self-esteem (Helminiak, 1989; Savin-Williams, 1990), providing evidence that the successful consolidation of a positive gay identity is associated with sound mental health (Elizur & Ziv, 2001).

Criticisms of the stage models of gay identity formation. The stage models of homosexual identity formation have also been criticised. There is evidence that while the developmental models of homosexual identity formation provide a good description of the most “typical” sequence of coming out events, there are other alternate developmental pathways that differ from those outlined in the stage models. Floyd and Stein (2002) investigated variations in the coming out process for 72 gay, lesbian and bisexual youths. Participants completed a semi-structured interview and a questionnaire related to the timing and sequence of 10 coming-out milestone events. Participants also completed a questionnaire assessing personal adjustment. Floyd and Stein reported five different patterns of milestone experiences. The first pattern was most similar to that described in the stage models of gay identity formation, whereas the second and third cluster showed delays in the specific milestones of sexual activity or disclosure of identity. The fourth and fifth patterns demonstrated even more pronounced delays, with

sexual identity formation delayed into late adolescence or adulthood. Importantly, the age of coming out did not differ significantly between the clusters. Floyd and Stein (2002) argued that the participants followed different developmental trajectories. Unfortunately, the methodology of the Floyd and Stein study was a semi-structured retrospective interview to determine the age and sequence of a series of developmental “milestones” in the gay identity formation process. The participants did not complete measures allocating them to stages of identity formation according to one of the developmental models. The question of whether some individuals are simply slower in progressing through the stages rather than following a completely separate trajectory was not conclusively demonstrated. Further, there were low participant numbers for each cluster (ranging from 10 to 19 participants in each cluster). Despite these limitations, Floyd and Stein’s work demonstrated that although the models all purport to describe the same process, there are significant variations and differences including such crucial aspects as the proposed sequence of the developmental stages (Eliason, 1996; Herdt, 1996; Sophie, 1985/1986).

It has been argued that the stage models of gay identity development differ from most models of human development in perceiving the role of the family as being peripheral (Elizur & Ziv, 2001). The stage models that do consider the role of family tend to overemphasise the differences between families of gay or lesbian people and families of heterosexual people. Further, these models underemphasise the diversity among families of gay and lesbian people (Laird, 1993). A general criticism is that the models tend to be somewhat insensitive to the sociocultural context in which the identity formation occurs (Boxer & Cohler, 1989; Cox & Gallois, 1996; Eliason, 1996).

A further criticism of the homosexual identity formation models is that they tend to confound two related but separate aspects of gay identity formation (Fassinger &

Miller, 1996). Fassinger and Miller argued that the first aspect is the individual process whereby there is a recognition and acceptance of preference for same-sex erotic and lifestyle partnerships. The second is a group membership identity process that involves the acceptance of membership within the minority reference group. Stage-based models of gay identity development are often criticised for overemphasising the importance of this public identity. Several authors have taken issue with the idea that individuals who do not conform to a public and politicised identity have reached a point of developmental arrest in the process (Fassinger, 1991; Fassinger & Miller, 1996; McCarn & Fassinger, 1996).

Cass' (1979) Model of Homosexual Identity Formation

The Cass (1979) model of homosexual identity formation (HIF) provides a theoretical explanation of how an individual gradually changes from a pre-gay identity to a gay identity. Cass (1979) emphasised that it is necessary to distinguish between personal and social aspects of identity. Personal identity refers to the individual's privately held identity, whereas social identity refers to the public identity observable to others. For example, an individual may hold a private identity as being gay while publicly maintaining a façade of heterosexuality. In this case, the individual becomes aware that there is an incongruity between personal and social identity. Cass argued that, as individuals progress through the stages of the model, there will be an increasing integration of the private and public aspects of the gay identity.

In contrast to other stage models of identity development, Cass' model approaches identity development from a social constructionist perspective (Cass, 1996, 1999). This perspective argues that much human behaviour is specific to the individual's sociocultural environment, rather than being the result of internal

psychological mechanisms universal to all people. The individual's thoughts, feelings, and actions occur as a result of the reciprocal interaction between the individual and the sociocultural environment. The process of gay identity development occurs where the individual translates sociocultural understandings of sexuality into personal self-definition. That is, individuals reflect upon their experiences, thoughts, emotions, and actions and this process occurs within a sociocultural context in which same-sex sexuality is defined as being "gay" and opposite-sex sexuality is defined as "straight". Gay identity cannot be developed in sociocultural contexts where there is no concept of "gay". Similarly, gay identity cannot be developed unless the individual has basic psychological capacities to engage in the process of reciprocal interaction with the sociocultural environment. Cass (1999) argues that these capacities include being self-aware; able to learn and use meaningful language; to recognize actions for which one may be held responsible; and to identify physical sensations, emotions, and cognitions as being linked to homosexuality.

Cass' model is also based on interpersonal congruence theory. According to interpersonal congruence theory, the congruity (or incongruity) of an individual's self-concept and the interpersonal environment results in either stability or change in behaviour (Secord & Backman, 1961, 1964; Secord, Backman & Eachus, 1964). Secord and Backman (1961), in describing interpersonal congruence theory, confirmed that the concept of congruency between self-concept, behaviour, and perceptions of how others view the self was similar to Festinger's (1957) theory of cognitive dissonance. In particular, Secord and Backman argued that the congruency between personal identity, social identity, and behaviour "is a cognitive phenomenon: i.e., each component enters into a state of congruency only as a perceptual cognitive experience on the part of [the individual]" (p. 23). It may be argued then, that seeking interpersonal congruence is

really a particular instance of attempting to resolve cognitive dissonance caused by perceived incongruity between personal identity, social identity, and behaviour. Cass' (1979) model therefore provides a detailed explanation of the individual's psychological processes (Gonsiorek, 1995) while acknowledging the importance of the social context during the evolution of the gay identity (Cass, 1996).

Cass' (1979) model has been empirically tested (Cass, 1979, 1984b; Levine, 1997), and it has an advantage over previous research in that it does not rely on participants' retrospective accounts. Rather, the model is based on Cass' clinical observations of gay clients as well as fundamental principles from interpersonal congruence theory, in a framework of social constructionist psychology (Cass, 1979, 1999).

Cass' (1979) model answers some of the criticisms levelled at other models of gay identity development. In contrast to other stage models, Cass' model is sensitive to the sociocultural context of identity formation (Boxer & Cohler, 1989; Cox & Gallois, 1996; Eliason, 1996). For example, Cass' model places emphasis on the sociocultural context of the individual, and so recognises the role of the family in the identity development process (Elizur & Ziv, 2001). Further, the model recognises that the process of gay identity development is a dynamic, reciprocal interaction between individual processes and sociocultural context, and so integrates rather than confounds personal identity and social group membership.

The Developmental Process Described by Cass (1979)

The Cass (1979) model suggests that change from a pre-gay to a gay identity is a developmental process occurring in a series of stages. Progression through the stages is driven a range of motivating factors including the individual's desire to develop and

maintain a positive self-concept, to adhere to sociocultural beliefs that sexual or emotional attraction to a member of the same sex means that the individual must be a gay male or lesbian (Cass, 1996), or by trying to achieve congruence between three factors. The first factor is the individual's perceptions of a characteristic ascribed to him (e.g., "I am heterosexual man"). The second factor is the individual's perceptions about his own behaviour (e.g., "My behaviour is like that of a gay man"). The third factor is the individual's beliefs about how other people perceive him (e.g., "Other people think that I am heterosexual"). In the foregoing example, there is an incongruity between how the individual sees himself, how he interprets his own behaviour, and how he believes others perceive him. The individual's attempts to resolve this incongruity provide the impetus driving progression through the stages of the Cass model. Cass also argued that for each stage there are various methods that may be used to resolve the incongruity between the perceptions of the self, perception of own behaviour, and beliefs about others' perceptions of the self. Depending on the chosen method the individual might resolve the developmental task of that particular stage, resulting in a greater congruity between perceptions of the self and perceptions of others. This would foster progression to the next stage. Alternatively, the individual might remain within a particular stage, or undergo identity foreclosure in which forward movement in the homosexual identity formation process ceases (Degges-White, Rice, & Myers, 2000).

Cass' (1979) model is grounded on a Western sociocultural background. Therefore, the assumption is made that it is "probably impossible... to achieve a homosexual-defining matrix that is totally (cognitively and affectively) congruent" (Cass, 1979, p. 222). This is because prevailing attitudes towards homosexuality in Western societies tend to be negative. There is a further assumption made in the model that the individual begins the process of homosexual identity formation with an image

of the self as being heterosexual, or that the self should be heterosexual. This is because Western society assumes heterosexuality for its members almost by default, and because the individual has developed within a society that emphasises heterosexuality as the norm.

The six stages of homosexual identity formation described by Cass (1979) are confusion, comparison, tolerance, acceptance, pride, and synthesis. These stages are described in detail below.

Stages of Cass' (1979) Model of Homosexual Identity Formation

Stage 1: confusion. Cass (1979) labelled the first stage of the homosexual identity formation model as *confusion*. This stage begins with a recognition that the topic of homosexuality is of personal relevance to the individual. Cass suggests that people within our community regularly encounter information about homosexuality, but that most people do not consider this information to be personally relevant. However, a minority of people have a conscious awareness that homosexuality has relevance to themselves and their behaviour. This behaviour may be outwardly expressed (such as kissing a person of the same sex) or internal (such as private thoughts, emotional responses, or physiological arousal). Cass argued that simply being exposed to information about homosexuality is insufficient to begin the gay identity formation process. Rather, the individual must consider this information as being relevant to his own behaviour (Cass, 1979, 1984b). The individual begins to question his own behaviour, wondering whether it may be defined as homosexual. The resulting incongruity between the individual's view of himself, his behaviour, and his perceptions of how others see him results in confusion for the individual. As Cass (1979) indicated, the individual "is forced to ask the question 'If my behavior may be called homosexual,

does this mean that I am a homosexual?’” (p. 223). The individual’s view of self is changed from definitely heterosexual to possibly homosexual, and the resulting doubt leads to a sense of uncertainty about the self.

Cass (1979, 1984b) suggested that the individual chooses one of three strategies to resolve this confusion. First, the individual may accept the definition of his own behaviour as being homosexual and not attempt to change his behaviour. In this case, he will question his previous self-concept as heterosexual and wonder: ‘am I a homosexual?’ The individual will try to answer this question by obtaining further information about homosexuality. This information might reveal possible rewards as well as costs, but the individual might feel confident in coping with the potential costs and see the value in the potential rewards. The more the individual investigates the possibility that his behaviour may be homosexual, the more he senses the incongruity between his behaviour and his sense of self, and he moves towards stage two: comparison.

The second approach to the confusion stage occurs when the individual accepts that the definition of his behaviour as homosexual is correct, but does not believe it to be desirable (Cass, 1979). The individual attempts to restore congruence between his view of his own behaviour, his self, and others’ perceptions of the self by (a) inhibiting any behaviours that might be defined as homosexual, (b) restricting his exposure to information about homosexuality, and (c) denying that the information has any personal relevance to the self. Hence, the individual maintains a self-concept of being heterosexual and rejects the potential homosexual self image. This approach resolves the developmental task of the confusion stage (that is, determining whether the issue of homosexuality is personally relevant) and identity foreclosure occurs. The individual does not continue further with the homosexual identity formation process. Cass (1979)

suggests that some individuals deny that the previous behaviours have ever occurred and adopt a strongly anti-homosexual stance. The heterosexual identity may be further affirmed by increased involvement with members of the opposite sex. Others maintain a position of asexuality, thereby avoiding all information and behaviour (heterosexual or homosexual) that may increase incongruity between self-concept, definition of own behaviour, and perception of self by others. The success of this approach is dependent on a range of factors. Cass (1979) suggested that the individual may attempt to withdraw from all potentially provocative situations, but this may vary in success. For example, it may be possible to avoid going to settings where gay men meet, but it is more difficult to control physiological arousal or erotic dreams involving members of the same sex. Further, individuals vary in their capacity to use denial as a defence. Finally, the individual's ability to maintain a stance of asexuality or heterosexuality may be problematic, particularly if sexual or emotional responsiveness is inconsistent with the asexual or heterosexual identity. If ongoing sexual or emotional responsiveness continues to present difficulties for an individual, he may revert to questioning his self-concept as a heterosexual or asexual person. However, the negative affect associated with the self-concept as homosexual may lead the individual towards an identity that is homosexual, but "negative or self-hating" (Cass, 1979, p.224).

The third approach used by men in the confusion stage occurs when the individual tries to reduce the incongruity by defining the meaning of his behaviour as both nonhomosexual and undesirable (Cass, 1979). That is, the individual interprets his behaviour as not being homosexual, so that the self-concept, interpretation of own behaviour, and beliefs about others perceptions of the self are all congruently seen as heterosexual. Cass (1979) suggested that this may occur in setting such as prisons, where same sex sexual behaviour occurs but is interpreted as nonhomosexual, and the

self is seen as heterosexual despite the behaviour. Because there is a social reference group that agrees with this interpretation (in this case, the prison population), the individual is not challenged in this belief and is not pressured towards considering alternative interpretations of his behaviour. The interpretation of the behaviour as nonhomosexual could occur through re-interpreting the behaviour itself ('All guys fool around'), the setting in which the behaviour occurs ('I only do this in gaol because there are no women here to have sex with'), or through using a narrow stereotype of homosexual behaviour ('Gay men speak like a woman, and I speak like a man, so I am not gay and neither is how I act'). Identity foreclosure occurs when this strategy is successful (Cass, 1984b). The individual does not progress further with the homosexual identity formation process.

Cass (1979) also highlighted the point that it is not typical for individuals in the confusion stage to discuss their inner confusion with others, suggesting that the content is intensely personal and difficult to describe. Most individuals attempt to resolve their incongruity by themselves.

Stage 2: comparison. Cass (1979) indicated that the individual enters the second stage of identity development, *comparison*, with an underlying acceptance that he may possibly be homosexual and not heterosexual. At this stage, there is a reduction of confusion and inner turmoil because the discrepancy between the perception of self (possibly homosexual) and the definition of the self's own behaviour (homosexual) is reduced. However, the individual becomes more aware of the perceptions of others regarding the self (heterosexual), and there is a sense of alienation from others (Cass, 1984b). Cass (1979) suggested that at this stage the individual feels alienated from others, and has a sense of not belonging. This may be heightened or decreased depending on the individual's social context and group memberships. For example, a

‘family man’ in a conservative religious social environment may have a heightened sense of difference, whereas a student in a liberal institution may not experience such intense feelings of separation.

The individual is also forced to recognise that “all the guidelines for behavior, ideals, and expectations for the future that accompany a heterosexual identity are no longer relevant to (his) life and, most importantly, have not been replaced by others” (Cass, 1979, p. 225). The individual must cope with this loss of structure, and this is frequently associated with an increased desire to make contact with others to reduce this sense of alienation. Cass (1979) described four approaches to achieve this end. Cass (1984b) emphasised that the individual chooses the approach based on whether the individual perceives the self-perception (as possibly homosexual), the same-sex behaviour, or both self-perception and behaviour as desirable or undesirable.

The first approach involves the individual having a positive reaction to the idea of being different. There is an embracing of the self-concept and behaviour as being homosexual and a devaluation of the importance of others (Cass, 1979). That is, the individual responds, “I like being different, I like behaving this way. I don’t care what other may think about me”. This reduces the incongruity between self, behaviour, and perceptions of others towards the self. Despite this, the individual continues to convey a public image as heterosexual, shielding the self from others’ negative perceptions of homosexuality. Cass (1979) indicated that the success of “passing” in this manner depends upon the “ability to play roles in social situations” (Cass, 1979, p. 227). Cass argued that using the passing strategy reduces incongruity, but does not eliminate it. The individual’s attempts to reduce the incongruity result in movement to Stage 3: tolerance.

The second approach to reduce incongruity between self, behaviour, and others perceptions occurs when the individual accepts that the interpretation of his behaviour

as homosexual is accurate but that a self-concept as being homosexual is undesirable (Cass, 1979). In this situation, the individual tries to alter the self-concept in any way that will still allow the behaviour to continue. For example, the individual might consider that the behaviour exists only as part of a special case: “I really love Michael as an individual, and if it wasn’t for him I would be heterosexual”. Alternatively, he might maintain a self-concept as being both heterosexual and homosexual: “I can act heterosexually any time I want to”. Another strategy might be to consider the homosexual behaviour and self-concept as temporary: “This is just a phase I am going through. When I choose to I will be heterosexual”. Finally, Cass (1979) described the use of a “personal innocence” approach, whereby the homosexual self-image is accepted as accurate, but personal responsibility is evaded: ‘I was born this way’ or ‘I’m homosexual because of the way I was treated growing up’. This personal innocence strategy allows the individual to adopt a homosexual identity, but the identity retains negative affect and self-hate (Cass, 1979). Overall, this second group of strategies enable the individual to pass as heterosexual, resulting in either a great deal of investment in monitoring self-presentation or a tendency to distance the homosexual identity from other aspects of personal identity.

The third strategy occurs when the individual accepts that the self is homosexual, and that the behaviour may be labelled as homosexual, but views this behaviour negatively (Cass, 1979). The individual generally fears negative reactions to the homosexual identity from valued others and is aware that the behaviour may reveal this hidden homosexuality. The individual tends to approach the identity by attempting to extinguish the homosexual behaviour: ‘I might be homosexual, but I’m not going to behave in a homosexual manner’. There is a particular tendency to avoid overt expression of homosexual behaviour (for example, engaging in sexual acts with other

men). However, covert behaviour (e.g., sexual fantasies) may continue and even be perceived favourably as a means of validating the self-concept while avoiding exposure of the identity to others (Cass, 1979). However, this may maintain incongruity. Even though the self-concept (homosexual) and covert behaviour (homosexual) are congruent, and overt behaviour (heterosexual) and perceived beliefs of others (heterosexual) are congruent, there remains an incongruity between self-concept (homosexual) and overt behaviour (heterosexual) and also between perceived beliefs of others (heterosexual) and covert behaviour (homosexual). The tension resulting from this incongruity tends to promote either a suppression of both overt and covert homosexual behaviours, resulting in identity foreclosure, or an attempt to reduce the value of others' perceptions (Cass, 1979).

The final possible strategy during the comparison stage occurs when the individual perceives both the homosexual self-concept and the homosexual behaviour as negative and undesirable and seeks to change both (Cass, 1979). This may involve the rejection of homosexuality, a suppression of all homosexual behaviours, and a perception of heterosexuality as being preferred. When these strategies are employed, the individual again perceives the self as heterosexual, and the behaviours are heterosexual. In this case, identity foreclosure occurs. The developmental task of the comparison stage (managing the social alienation arising from a possible homosexual identity) has been resolved, and the individual does not continue with the homosexual identity formation process. However, when the strategy fails, the individual may suffer “such a degree of self-hatred that, should continual attempts to renew the strategy fail, [the individual] could commit suicide” (Cass, 1979, p. 229).

Stage 3: tolerance. Having progressed through the comparison stage, the individual has become increasingly committed to the homosexual identity, and he

generally believes that he is “probably” (Cass, 1979, p. 229) homosexual. At this point, there is congruity between self-concept (homosexual) and behaviour (homosexual). However, the individual becomes increasingly aware of the incongruity between these aspects and the perceived beliefs of others about the self (heterosexual). Cass (1979) identifies this third stage, *tolerance*, as having benefits for the individual in a reduction of uncertainty and turmoil, because the individual is increasingly confident about his self-concept and behaviour. However, the incongruity between self-concept and behaviour versus others’ perceptions is accentuated, and the sense of difference and alienation is increased (Cass, 1979). To compensate for this sense of alienation from the wider (largely heterosexual) community, the individual tends to seek out other homosexual people and the homosexual subculture (Cass, 1979, 1984b). However, this search for similar others is felt as something that “has to be done” (Cass, 1979, p. 229) and the homosexual identity is only tolerated rather than accepted (Cass, 1984b).

The increased contact with homosexual others provides greater congruity between self-concept (homosexual) and the perceived beliefs of homosexual others (homosexual). However, there is an accentuation of the incongruity between the self-concept (homosexual) and heterosexual others (heterosexual; Cass, 1979). The individual tends to become selective about socialising with others, mixing increasingly with homosexual others and reducing contact with heterosexual others. The individual gains a sense of agency as he learns that he is able to become active in controlling how he feels about his homosexual identity, and Cass (1979) suggested that this stage involves a reduction in the helplessness associated with the previous stages. Cass (1979, 1984b) also stated that it is the quality of the interaction with homosexual others that is important. Those who experience positive interactions and find it easier to socialise with other gay people are likely to become more tolerant of the gay identity. These people

are likely to perceive the gay identity to be desirable. In contrast, those who find it difficult to develop relationships within the gay community, or who experience negative interactions, are likely to experience difficulty in tolerating the gay identity. These people are likely to perceive the gay identity as undesirable.

Cass (1979) differentiated between two types of people within the tolerance stage. The first type perceives the self-concept (homosexual) and behaviour (homosexual) as desirable. The second type perceives the self-concept (homosexual) negatively but the homosexual behaviour as desirable. This second type uses the strategies outlined under the comparison stage. In other words, (a) considering that the behaviour exists as only part of a special case; (b) maintaining a self-concept as being both heterosexual and homosexual (c) considering the homosexual behaviour and self-concept as temporary; or (d) using the 'personal innocence' approach. However, increasing contacts with other homosexual men who view the individual as also being homosexual inevitably results in a challenge to these strategies, creating tension (Cass, 1979). If contact with other homosexual men is largely positive, then the individual will feel more connected to other homosexual men and will re-evaluate the homosexual self-concept more positively. However, if contact with other homosexual men is negative, then the individual is likely to be reinforced in a negative view of the homosexual identity, with further devaluation of the self (Cass, 1979). This may result in a reduction of contact with other homosexual men or a suppression of homosexual behaviours. When this suppression of homosexual behaviour is complete, identity foreclosure occurs. However, when it is only partially effective, the individual continues to have social, emotional and sexual needs and there remains an ongoing sense of commitment to the homosexual identity (Cass, 1979).

Individuals within the tolerance stage may experience ambivalence about their newly emergent homosexual identity and their contacts with other homosexual men. On a positive level, the individual sees that it is possible to establish friendships and partnerships and gain support from the homosexual subculture. However, there are potentially negative consequences for the increased contact, including a greater possibility of their gay identity being disclosed and a sense that the individual must become even more committed to the homosexual identity in order to conform to the norms of the homosexual subculture (Cass, 1979). Typically, towards the end of the tolerance stage the individual is able to define himself as being homosexual. Therefore, movement to Stage 4: acceptance is driven by several motivations. First, the individual experiences an increasing need to establish further connections within the gay community. Second, the individual's self-definition has changed from being "possibly gay" to "definitely gay". This cognitive shift reflects an understanding of the self that places the individual more firmly within the gay community. This cognitive change results in behavioural changes that signal this altered self-definition.

Stage 4: acceptance. The *acceptance* stage of identity development involves increasing contacts with other gay men, and the individual begins to establish social networks within the homosexual subculture (Cass, 1984b). During this stage, the individual accepts rather than simply tolerates his homosexual self-concept (Cass, 1979). Depending on the particular gay subculture in which the individual becomes involved, there may be a varying sense of legitimisation of the homosexual identity (Cass, 1979). For example, some sections of the gay community express the view that being gay is a legitimate identity to hold both privately and publicly. Other sections, however, endorse the view that homosexuality is legitimate in the private context, but should not be 'flaunted' in the wider community (Cass, 1979).

Where both a private and public legitimisation is endorsed, there is an increasing incongruity between the self-concept and the perceived beliefs of heterosexual others towards the individual. That is, the individual sees himself as being homosexual (a privately and publicly legitimate identity), but he is aware that heterosexual others perceive him to be heterosexual. Attempts to resolve this incongruity result in a transition to Stage 5, pride (Cass, 1979).

Where only a privately held homosexual identity is endorsed as being legitimate, the current situation (self-concept as gay, but perceived as heterosexual by heterosexual others) is endorsed as acceptable by the particular homosexual subculture. The individual does not feel a need to resolve the incongruity, but rather to maintain the status quo (Cass, 1979). To do this, three strategies may be used. First, the individual may continue to pass as heterosexual. Martin (1982) noted that many individuals delay the identity development process by attempting to deny the emergent gay identity, and passing as heterosexual. Cass (1979) indicated that the strategy of passing is used by those individuals who believe that the gay identity is a valid private identity, but should not be “displayed before the rest of society” (Cass, 1979, p. 232). Such individuals are unlikely to move on to Stage 5, pride, which is associated with devaluing heterosexual others, and positively valuing the gay identity.

Second, the individual may limit contacts with others who might increase the incongruity (Cass, 1979). For example, the individual may avoid traditional heterosexual families or groups that hold views that are inconsistent with homosexuality. The third strategy is to use selective disclosure, revealing the homosexual self-concept to important heterosexual others (such as close friends or family). In this way the individual can ease the sense of incongruity, while the significant others maintain the secret of the gay identity (Cass, 1979). Cass (1979)

argues that when these three strategies are used successfully, the incongruity between self-concept and perception by others is eased. This can result in a stable situation, and the individual is able to use the strategies to be part of both gay and heterosexual society. As stated by Cass, “for many homosexuals this proves to be a satisfactory way to live their lives” (Cass, 1979, p. 232), and “this stage represents a relatively peaceful and stable time for the homosexual” (Cass, 1984b, p. 152). Identity foreclosure may occur within this situation.

However, not all individuals are able to use the strategies of passing, limiting contact, and selective disclosure successfully. The individual is likely to either continue to attempt to use these strategies unsuccessfully or to reject the idea that partial legitimisation of the self-concept is acceptable. In this case, the individual feels an increased incongruity between self-concept and perceived beliefs of others and begins the fifth stage of homosexual identity formation: pride (Cass, 1979).

Stage 5: pride. Cass (1979) suggested that the individual enters the *pride* stage of homosexual identity formation with awareness that there is a discrepancy between his own self-concept as homosexual and the perceptions of heterosexual others that he is heterosexual. In addition, he is aware that society in general does not share his belief that it is legitimate to hold both a private and a public self-concept as homosexual. The individual is unable to change the belief of the wider heterosexual community that homosexuality is a negative identity, and so he addresses this conflict by devaluing the importance of heterosexual others and assigning an increasingly positive value to other homosexuals (Cass, 1979). This increases the sense of commitment to the gay group, and the individual engages himself strongly within the gay milieu. The individual is proud of his gay identity and dismissive of heterosexuality and values that are associated with heterosexuality, such as marriage and gender roles (Cass, 1979). The

individual has altered from the acceptance seen in Stage 4, to actively preferring his gay identity.

Cass (1979) indicates that while this preference for the gay identity reduces the incongruity felt by the individual, he is necessarily exposed to challenges to his ideological framework. That is, in day-to-day life he is exposed to a wider society that does not share his views and a certain amount of conflict and anger is generated. This may be expressed in deliberate confrontation of established social mores as well as an abandonment of previous identity management strategies such as passing or selective disclosure (Cass, 1979). The individual is less concerned with how heterosexual others perceive his identity and therefore discloses his identity to a greater extent (Cass, 1984b). The positive effects of disclosure include the individual's gay identity being more widely known, thus reinforcing his sense of self as a homosexual man. In addition, the disclosure also means that the individual's public and private identity is congruent (Cass, 1979), reducing the inconsistency between the individual's social identity and personal identity. However, certain situations will cause a conflict for the individual. For example, disclosure may have a negative effect such as loss of employment or risk of violence. In these situations, individuals who are negotiating the pride stage of development must find a compromise between their ideals and the real world (Cass, 1979). In addition, negative reaction is consistent with the individual's expectations about how others will react to his homosexual identity and where this happens frequently, identity foreclosure may occur (Cass, 1984b). In this situation, the individual would remain in the pride stage, continuing to fight against what are considered oppressive social mores entrenched within heterosexual society. However, should the individual be exposed to generally positive reactions to his disclosure, this is inconsistent with his expectations (Cass, 1984b). That is, if he expects to be rejected by

heterosexual others and is instead accepted and valued for his disclosure, then this situation challenges his devaluation of heterosexuals. In attempting to resolve this inconsistency, he begins the final stage of homosexual identity formation: synthesis (Cass, 1979, 1984b).

Stage 6: synthesis. Cass (1979) indicated that the individual enters the *synthesis* stage with awareness that the devaluation of heterosexuals and the idealisation of homosexuals is not accurate. The individual begins to understand that some heterosexual others may value the homosexual identity in a positive way, and he no longer rejects all heterosexuals as unsupportive. The individual no longer attempts to avoid contact with all heterosexual others, and his increasing positive contacts with heterosexuals reduces the tendency to dichotomous, adversarial thinking (Cass, 1979).

Cass (1979) suggested that, at this point in development, there is “maximal congruency” (p. 234). The individual maintains a sense of pride in the gay identity, but no longer perceives a “gay world” and “straight world”. Rather, the individual accepts that he may receive social and emotional support from both homosexual and heterosexual others. The individual describes the homosexual identity as being only one part of his self-concept, rather than the entirety of it (Cass, 1979). This represents the fully developed homosexual identity, in which the “sense of self as being ‘homosexual’ represents an integration of self-images with the view of self believed to be held by others in all areas of the individual’s life” (Cass, 1984a, p. 118).

There is consistent evidence that the synthesis stage is associated with positive outcomes in diverse life domains. For example, Trammel (1998) reported that later stages of gay identity development were positively related to relationship satisfaction and commitment in gay male couples. Rogers (1998) reported that individuals in the synthesis stage showed stronger occupational involvement and organizational

commitment than individuals in the earlier stages of gay identity. Olson (1989) found a positive correlation between stage of gay identity development and measures of psychological well-being, such as depression. These results were similar to Marszalek's (1999) finding that late stages of HIF were associated with less psychological distress and Elbel's (1995) finding that late stages of HIF were associated with reduced mistrust, and less shame, doubt, guilt and isolation compared to earlier stages of HIF.

Critical Evaluation of Cass' (1979) Model of Homosexual Identity Formation

Evidence supporting Cass' (1979) model of HIF. Cass (1984b) reported the first empirical evaluation of the model of HIF. Participants included 63 females and 103 males. Participants completed a questionnaire package that included items that collected biographical information, the stage allocation measure, and the homosexual identity questionnaire. The stage allocation measure consisted of one-paragraph descriptions of each stage. Each paragraph described the key features of typical individuals within the relevant stage. There was also a pre-stage 1 paragraph that described the key features of typical individuals who have not begun the process of HIF. Participants selected the paragraph that they felt best represented their current situation. The homosexual identity questionnaire consisted of 210 items designed to measure 16 factors thought to be relevant to the HIF process. These 16 factors included commitment; disclosure; generality; identity evaluation; group identification; social interaction; alienation; inconsistency; sexual orientation activity; acculturation; deference to others; dichotomization; personal control; strategies; personal satisfaction; and professional contact.

Cass (1984b) predicted how subjects at each stage of HIF would respond to each item of the homosexual identity questionnaire. These predictions were based on the

model of HIF. Predicted responses were considered to be ‘correct’ responses for each of the six stages. The predicted scores for each item were grouped together to form a scoring key for each stage. Where the given response was identical to the predicted response based on the individual’s self-allocated stage, one point was recorded.

Cass’ (1984b) prediction that participants from each stage would score most highly on the scoring key profile of that stage was supported for participants from the confusion, pride and synthesis stages. The results were nearly significant at the $p < .05$ level for the comparison and acceptance stage participants, but the hypothesis was not supported for the tolerance stage participants. The prediction that participants at each stage would obtain highest scores on the profile of their particular stage compared with participants at other stages was supported for all stages.

There were several limitations of Cass’ (1984b) study. First, participants were recruited by Cass herself, from sources such as “private social functions, a homosexual rights march, a homosexual counselling service, personal acquaintances, newspaper advertisements, and clients referred to the researcher...for counselling regarding homosexuality” (Cass, 1984b, p. 154). This recruitment method could have implications for the representativeness of the sample. Second, the numbers of participants recruited for most stages were quite low. The confusion and tolerance stages had just 11 participants, the comparison stage just 13 participants, and the pride stage just 16 participants. Only the acceptance and synthesis stages were well represented (71 and 44 participants respectively). Caution must be exercised before accepting the conclusions drawn about the stages with low participant numbers, with Cass (1984b) suggesting that the findings were “exploratory only” (p. 161) due to the low participant numbers. Further, the stage allocation measure itself poses some difficulties. In particular, some of the stage descriptions might have been more appealing to participants than others.

For example, the synthesis stage paragraph sounds much more positive and functional than the earlier paragraphs. It could be that participants were biased in their self-allocations to stages, particularly when considering the recruitment method and sources.

Criticisms of Cass' (1979) model of HIF. Cass' model has been described as having sound face validity (Radonsky & Borders, 1995), and this has contributed to the widespread acceptance of the model's basic tenets (Degges-White et al., 2000). Cass (1984b) stated that "this model is intended to explain the identity formation process for both [males and females]" (p. 147). However, some researchers have argued that the model most accurately describes the experiences of gay men, and may less accurately reflect the identity development process for lesbians (Degges-White et al., 2000; Hequembourg & Farrell, 1999; Whitam, Daskalos, Sobolewski & Padilla, 1998). Further, the model's assumption of a linear progression through the stages has been questioned (Akerlund & Cheung, 2000). The stage allocation measure used by Cass (1984b) has also been criticised due to its self-rating methodology and lack of demonstrable psychometric properties (Brady & Busse, 1994; Degges-White et al., 2000). However, support for Cass' original conception of the HIF process has also been supported using alternative means of assigning participants to stages of the HIF process, such as the Gay Identity Questionnaire, developed by Brady and Busse. Despite these criticisms, Cass' model is the most widely used model of gay identity formation (McCarn & Fassinger, 1996).

The Gay Identity Questionnaire

Brady and Busse (1994) developed the Gay Identity Questionnaire (GIQ)⁴ based on Cass' (1979) model of HIF. The purpose of the GIQ was to allocate participants to

⁴ All scales used throughout these thesis are presented in Appendix A. The scales are presented in the order in which they are mentioned within the main body of the thesis.

one of the six stages described by Cass. The 45-item questionnaire consists of six subscales, each representing one of the HIF stages. Each item is scored as 0 (*false*) or 1 (*true*). Assignment to one of Cass' HIF stages is based on the highest subscale total score.

Brady and Busse (1994) relied on both Cass' theory and samples of gay men to develop the scale. One hundred items thought to be characteristic of individuals in the various HIF stages were developed based on Cass' descriptions of each stage. These items were then rated by four independent raters who were familiar with the HIF model. The researchers retained items that at least 75% of the raters agreed were characteristic of each stage. The resulting pool of 63 items was administered to a pilot sample of 25 gay men who were members of a gay social/political group. Responses were used to assess the reliability of items that were related to each stage. Items for each stage were retained if at least 65% of the participants assigned to that stage chose the item as being characteristic of them. In addition, items were discarded if more than 50% of participants who were assigned to a different stage agreed that the item was characteristic of them. This resulted in a final scale of 45 items.

Brady and Busse (1994) reported that the subscales were reliable for each stage according to the Kuder-Richardson formula: tolerance $r = .76$, acceptance $r = .71$, pride $r = .44$, and synthesis $r = .78$. A major limitation in the development of the GIQ was the small number of participants in the confusion and comparison stages. This meant that interitem consistency could not be evaluated for the items related to those stages. It must also be acknowledged that the GIQ does not test the various developmental pathways presented in Cass' (1979) model. Therefore, no distinction is made between participants within each stage according to their general (positive or negative) approach

to the emergent gay identity, nor the strategies used by them to negotiate the stage's developmental tasks.

The GIQ has since been used in five published studies of gay identity development. Garland, Morgan, and Beer (2005) conducted a study of sexual attitudes, behaviour and identity of prison inmates. They found that the GIQ was a reliable measure. The results indicated that inmates who had spent longer in prison tended to report a more established gay identity. Neither prison security level nor length of sentence predicted gay identity. This study provided evidence that the GIQ is useful within real-world settings, and also supported the chronological sequencing of stages suggested by Cass (1979).

Peterson and Gerrity (2006) used the GIQ in an investigation of internalized homophobia, self-esteem, and lesbian identity development. Importantly, this study of 35 undergraduate women used both the Stage Allocation Measure devised by Cass (1984b), and the GIQ. There was evidence of a strong relationship between the two gay identity development measures. Further, stage of identity development showed a moderate inverse relationship with internalized homophobia, and a moderate positive relationship with self-esteem. These findings provided evidence that the GIQ was theoretically consistent with Cass' (1979) model of HIF, and that both the GIQ and the HIF model were applicable to lesbian samples.

Rowen and Malcolm (2002) carried out an investigation of internalized homophobia as applied to Cass' (1979) model of HIF. The participants were 86 gay men allocated to stages of HIF based on the GIQ. Similar to Brady and Busse (1994), Rowen and Malcolm re-categorised the sample into two distinct groups. The first group consisted of men who belonged to the first three stages of HIF. The second group consisted of men who belonged to the last three stages of HIF. Consistent with Cass'

model, internalized homophobia was significantly greater in men in the first three stages of HIF than men in the last three stages of HIF.

King and Smith (2004) investigated the relationship between the identity salience and elaboration of gay and straight possible selves and subjective well-being and ego development in a sample of 107 gay men and lesbians. Participants completed the GIQ as part of the procedure. However, King and Smith found the GIQ to present several difficulties. First, several participants did not approve of the use of the term “lifestyle” in the GIQ items. Second, King and Smith stated that the GIQ subscales were not reliable (although the authors did not provide α values to support this statement). Third, King and Smith noted a strong association between the synthesis subscale of the GIQ and the subjective well-being measures and concluded that the synthesis subscale “simply functioned as a measure of [subjective well-being]” (p. 978). Finally, King and Smith noted a strong association between the acceptance subscale of the GIQ and a measure of closeting and concluded that the acceptance subscale “simply served as another measure of closetedness” (p. 978). King and Smith therefore did not report any analyses using the GIQ as a variable, and did not categorise participants according to Cass’ (1979) model of HIF.

Summary

Cass’ (1979) model of HIF is arguably the best-known and most widely used model of the homosexual identity process for gay men (Degges-White et al., 2000). This strong influence appears to be related primarily to the intuitive appeal and face validity of the model (Radonsky & Borders, 1995). There have been some studies of the basic tenets of the model, including the accuracy of the stage descriptions, the order of the stages, and the applicability of the model to both lesbians and gay men (e.g., Cass,

1984b; Degges-White et al., 2000). Empirical investigations of the model were advanced following Brady and Busse's (1994) development of the Gay Identity Questionnaire, a demonstrably reliable instrument. Studies using the Gay Identity Questionnaire have supported the chronological sequencing of the stages (Garland et al., 2005), and provided preliminary evidence that earlier stages of HIF were associated with poorer mental health (Brady & Busse, 1994) and worse internalized homophobia (Rowen & Malcolm, 2002) than those in the late stages. These studies have provided evidence of the validity of the HIF model and the utility of Gay Identity Questionnaire in assessing the stage of identity development in lesbians and gay men.

Do Lesbians and Gay Men Have Poorer Psychosocial Well-Being than Heterosexual Men and Women?

Diener (1994) defines well-being as the presence of positive affect, absence of negative affect, and satisfaction with most domains of life (Diener, 1994). Clearly, well-being incorporates effective social functioning, productive role functioning, the absence of psychological problems (such as depression or anxiety), and the presence of positive psychological states (such as strong self-esteem). Duckworth, Steen and Seligman (2005) argue that well-being occurs when the individual is able to obtain pleasure, is able to engage in activity, and is able to find meaning in life. Factors found to promote well-being include lack of stressful life events, use of task-focused coping, and access to social resources (Nevin, Carr, Shevlin, Dooley, & Breaden, 2005).

To understand why lesbians and gay men might have poorer psychosocial well-being than heterosexual men and women, it is important to review the literature related to social attitudes towards sexual orientation. These social attitudes are often learned by

the individual at a very early age (Baker and Fishbein, 1998; Mallet, Apostolidis and Paty, 1997). These attitudes can be internalized prior to recognition that the self might be gay or lesbian, resulting in significant conflict for the person with the emergent gay identity. Shame can lead to concealment of the identity, with associated risks to the individual's physical, mental, and social well-being.

Prejudice and Discrimination: Challenges to the Well-Being of Gay People

Evidence of Prejudiced Attitudes towards Gay People

Herek (1991) argued that most lesbians, gay men, and bisexuals form their identity in a society with predominantly negative views towards homosexual identities. This means that the individual develops in a context in which prejudice and discrimination occur towards homosexual people, and the prejudice and discrimination can be enacted both by individuals and institutions (Herek, 2000; Herek & Berrill, 1992).

Herek (2000) defined the term sexual prejudice as "heterosexuals' negative attitudes toward (a) homosexual behavior, (b) people with a homosexual or bisexual orientation, and (c) communities of gay, lesbian, and bisexual people" (pp. 19-20). Herek argued that this term had several advantages over the use of the term homophobia. First, sexual prejudice is a descriptive term which does not convey assumptions regarding the assumptions and motivations of these negative attitudes. This is in contrast to homophobia, whose linguistic roots suggest that these attitudes are related to an irrational fear of gay people. Second, sexual prejudice links the study of negative attitudes towards gay people to existing social psychological research on prejudice. Finally, the construct of sexual prejudice does not require value judgments

that negative attitudes towards gay people are inherently irrational or evil (see Herek, 2000 for a comprehensive discussion of these issues).

Herek (2000) argued that sexual prejudice has multiple motivations. In some cases, heterosexuals may have had unpleasant interactions with gay people, and these have formed generalised attitudes towards the entire group. This is likely to be the case where contact has been superficial or minimal. In other cases, sexual prejudice could be related to fears associated with homosexuality, such as discomfort with the individual's own sexual impulses or gender role. The individual could be influenced by the norms of the in-group, which may hold negative attitudes towards gay people. Finally, the individual might perceive the gay group as holding values that are inconsistent with the individual's personal value system.

Sexual prejudice has been most extensively studied in the United States of America, where the majority of adults hold negative attitudes towards homosexual behaviour (Herek & Capitanio, 1996; Yang, 1997). However, there has been a shift in the last three decades, with more positive attitudes evident in the 1990s compared to the 1970s and 1980s (Yang, 1997). In the General Social Survey in the 1970s and 1980s, more than two thirds of all respondents considered homosexual behaviour to be "always wrong", whereas in 1996, 56% of respondents regarded homosexual behaviour as "always wrong" (Yang, 1997).

In addition, the general public also hold negative attitudes towards individuals who are gay. For example, Herek (1994) reported that in a 1992 national survey, over half of the heterosexual respondents expressed feelings of disgust for lesbians and gay men. The general public have mixed views on the access gay people should have to basic rights and civil liberties. For example, Yang (1997) reported that most US citizens believed that gay people should not be denied employment, and agreed that they should

have equity of access to employee health benefits. However, most respondents did not believe in legalising same-sex marriages, nor did they believe that lesbians and gay men should be able to adopt children.

Prejudiced beliefs tend to be stronger in certain portions of society. For example, research consistently finds that heterosexual men have stronger negative beliefs towards gay people than heterosexual women (Herek & Capitanio, 1999; Kite & Whitely, 1998; Yang, 1998). Ratcliff, Lassiter, Markman, and Snyder (2006) replicated this finding, but suggested that the gender difference in sexual prejudice might be because females have a stronger motivation to respond without prejudice than males. Those who are members of fundamentalist religious denominations and regularly attend religious services also express stronger sexual prejudice than those who describe themselves as non-religious or who are members of liberal denominations (Herek & Capitanio, 1996; Tsang & Rowatt, 2007). There is also an inverse relationship between interpersonal contact with gay people and sexual prejudice. That is, those who do not personally know gay people tend to have stronger sexual prejudice than those who know gay people personally (Herek & Capitanio, 1996; Lemm, 2006).

Sexual prejudice is linked to discriminatory behaviours, which are described more fully in the next session. A further effect of sexual prejudice is that young people tend to internalize the attitudes of the society within which they develop. In the case of young people with an emergent gay identity, this means that the views they hold about their own sexual identity are likely to be negative. This has significant implications to their health and well-being. These issues are further explored in the following sections.

Evidence of Discrimination against Gay People

Many studies have examined the overt expression of prejudice against lesbians and gay men, as well as the adverse impact prejudice has on psychosocial well-being. For example, Lyons and Atwood (1994) demonstrated that participants differentially evaluated an excellently qualified candidate for a teaching position depending on whether informal notes attached to the application contained homosexual cues, heterosexual cues, or no cues. Participants rated the application most favourably when heterosexual cues were present and least favourably when homosexual cues were present. Further, males demonstrated a greater tendency towards discriminative responses than did females. Similarly, Russell and Gray (1992) found that male participants were less likely to assist a male asking for change if he wore a pro-gay slogan tee-shirt than if he wore a plain or a control tee-shirt slogan; this pattern was not observed in female participants. Jones (1996) conducted a study of 320 hotels and bed and breakfast establishments and found that significantly fewer weekend reservations for a room with one bed were granted in response to a written enquiry from a homosexual couple than from a heterosexual couple. Finally, Walters and Curran (1996) conducted an experimental field study in which three trained confederate couples (male-male; male-female; female-female) entered twenty retail stores. The male-female couples were assisted by staff in significantly less time than the male-male and female-female couples, who were often not assisted at all. Further, the male-male couples were more likely than the male-female couples to be treated rudely.

These studies suggest that prejudice and discrimination may affect various aspects of the lives of gay men and lesbians, including their personal leisure time, their likelihood of obtaining work, and their general equality of participation in life.

Challenging questions arise from these instances of prejudice and discrimination. At what developmental period do members of the wider heterosexual society begin to engage in these discriminatory behaviours? Do people develop prejudiced attitudes towards gay people before they develop a gay identity, thereby making them vulnerable to internalized homophobia? To what extent does this prevailing negativity towards gay identity affect the psychosocial well-being and health of gay youth?

Development of Prejudice and Discrimination against Lesbians and Gay Men

Research findings indicate that prejudiced attitudes towards gay people are present in school children as young as age 12 (Mallet et al., 1997). Further, these negative attitudes are expressed within the school environment (Bochenek & Brown, 2001; Horn, 2006; Nairn & Smith, 2003; Rivers & D'Augelli, 2001).

Baker and Fishbein (1998) investigated the development of prejudice against gay men and lesbians by adolescents, using a sample of white teenagers. The resulting pattern of prejudice found in this adolescent sample was similar to that reported in adult samples (Herek, 1984; Kite, 1984; Gentry, 1987). That is, males were more prejudiced than females, and prejudice was greater towards gay males than lesbians. Participants were more prejudiced towards individuals of their own sex than individuals of the opposite sex. This research suggests that, the prevailing views towards homosexuality are already internalized by the time an individual reaches adolescence. Mallet et al. (1997) observed a similar finding in samples of 12-, 16- and 20-year-old French adolescents, with early adolescence being a crucial period in developing schemata about heterosexual and homosexual others.

Studies of racism have demonstrated that the negative affect felt towards the racial minority is also acquired early in life, largely because the developing child is

immersed in a sociocultural environment with a long history of racism (Dovidio & Gaertner, 1991; McConahay, Hardee, & Batts, 1981). However, changing social pressures against outward expression of racist sentiment have altered the expression of this negative affect from overt racism to a more covert expression of bias (Gaertner & Dovidio, 1986; Sears, 1988). Aberson, Swan and Emerson (1999) investigated whether a similar phenomenon may have occurred with the expression of negative affect associated with another minority group consisting of gay men. A sample of 260 college students was chosen because college students have relatively positive attitudes towards gay men (Norris, 1991; Qualls, Cox, & Schehr, 1992) and because higher education levels tend to be associated with reduced overt bias (Herek & Capitanio, 1996; Kite & Whitley, 1996). The experimental design involved participants rating an HIV-positive gay man or an HIV-positive straight man as applicants for an HIV-AIDS education project. There was also an experimental manipulation of justification, such that under one condition the target ‘applicant’ indicated that college students are “stupid and totally naïve”, thereby justifying bias against him. In the other condition, the target ‘applicant’ did not make a negative remark about college students, thereby making bias against him unjustified. The 2 (sexual orientation of target: heterosexual male/gay male) x 2 (justification: justified/unjustified) ANOVA revealed a main effect whereby gay men were rated more positively on adjective descriptors than straight men. Under conditions where bias was justified (that is, in rating the ‘applicant’ who made the negative comment) there was no difference in ratings based on sexual orientation. However, when there was no justification for bias, there was a pattern of bias favouring the heterosexual target. Aberson et al. (1999) concluded that this supported the theory that gay men are subject to covert discrimination.

Interestingly, Floyd and Stein's (2002) study of milestones of sexual identity development in gay, lesbian, and bisexual youth, provided evidence that many of the milestones are typically experienced after late childhood and the early teens, when prejudicial attitudes towards gay people are already observed. For example, Floyd and Stein found that the mean age of awareness of same-gender attraction was 10.39 years (range 3 – 18 years), whereas wondering about the individual's own sexual orientation occurred at 13.38 years (range 3 – 22 years), and a private sense of the self as being gay occurred at 16.14 years (range 3 – 24 years). Overall, this provides strong evidence that prejudiced attitudes towards gay people develop before many people develop a gay identity. This makes it more likely for gay individuals to experience internalized homophobia.

Psychosocial Well-Being and Gay Identity

Internalized Homophobia

It has been argued that, as a result of developing and living in an environment of widespread negativity towards homosexuality, homosexual individuals inevitably internalise the negative views towards homosexuality held by the wider community (Allen & Oleson, 1999; Coleman, 1981/1982). Herek (1984) argued that attitudes towards sexual orientation and sexuality are socially constructed and learned, and are particularly prominent in those with less personal contact with homosexual people, lower education levels, more conservative attitudes, and greater religious participation. It is unlikely that the individual is a passive recipient of these environmental influences. For example, Cass (1979) described the comparison stage as a time in which the individual seeks information about being gay, compares sexual behaviour, feelings and thoughts with those of others, and reaches the conclusion that the individual is

“definitely gay” rather than “possibly gay”. According to Cass’ theory, the individual clearly takes an active part in developing the gay identity, but does so within an influential social context.

Weinberg (1972) defined homophobia⁵ as “the fear felt by heterosexuals when in near proximity to homosexuals (exogenous homophobia), and the self-hatred felt by gays because of their homosexuality (internalized homophobia)” (p. 4). Malyon (1981/1982) defined internalized homophobia as the “internalisation of the mythology and opprobrium which characterise current social attitudes towards homosexuality” (p. 60).

Internalized homophobia has been seen as perhaps the most important barrier to the development of a positive homosexual identity (Cass, 1979). Internalized negativity towards homosexuality creates dissonance with the individual’s emerging gay identity, creating conflict. Cass clearly indicates that not all individuals experience internalised homophobia. For some, the emerging gay identity is viewed as desirable, and the changes in self-definition as positive. For others, the emerging gay identity is perceived negatively, and the individual’s self-definition as gay is resisted or experienced as unwanted.

Williamson (2000) argues that internalized homophobia encourages closeting of same-sex attraction, and avoidance of building social support within the gay community. Kippax, Connell, Dowsett and Crawford (1993) investigated sexual behaviour in a sample of 535 Australian gay men. Increased attachment to and involvement with the gay community was predictive of engagement in safer sex practices. Internalized homophobia’s adverse effects on building social and personal

⁵ The term homophobia has been challenged, as typically anti-homosexual feelings and responses have more in common with a prejudicial rather than a phobic or anxiety response (Logan, 1996). However, I use the more common terminology “homophobia” in this thesis while acknowledging the linguistic difficulties of this choice.

connections with the gay community appear to have significant implications for physical health and emotional well-being. Internalized homophobia is inversely related to relationship satisfaction for both lesbians (Melamed, 1993) and gay men (Romance, 1988).

Meyer (1995) investigated the relationship between minority stress and mental health in gay men. Participants were 741 gay men from New York City, recruited from a range of gay community groups. Participants completed scales assessing internalized homophobia, stigma, and prejudice. Scales from the Psychiatric Epidemiology Research Instrument (Dohrenwend, Shrout, Egri & Mendelsohn, 1980), including measures of demoralization, guilt, sex problems, and suicide, were used to assess psychological distress. Participants also completed the AIDS-Related Traumatic Stress Response scale (adapted from Horowitz, Wilner & Alvarez, 1979). Meyer also assessed potential confounding variables including demographic characteristics, extent of involvement with the gay community, intimate relationships, and HIV/AIDS status. Multiple regression controlling for potential confounding variables revealed that internalized homophobia predicted outcomes on five measures of psychological distress: demoralization, guilt, suicidality, AIDS-related traumatic stress response, and sex problems.

Dupras (1994) administered the Nungesser Homosexual Attitudes Inventory (Nungesser, 1983) and the Multidimensional Sexuality Questionnaire (Snell, Fisher & Walters, 1993) to 261 homosexual men and reported positive correlations between internalized homophobia and sexual depression, sexual anxiety, fear of sexuality and concerns about sexual image. There were negative correlations between internalized homophobia and internal sexual control, sexual esteem, and sexual satisfaction. In a similar study, Allen and Oleson (1999) administered the Nungesser Homosexual

Attitudes Inventory (Nungesser, 1983), the Internalized Shame Scale (Cook, 1987), and the Rosenberg Self-Esteem Scale (Rosenberg, 1965) to 100 self-identified gay men. Participants with high levels of internalized homophobia had higher levels of internalized shame and lower self-esteem than participants with low levels of internalized homophobia.

Other studies have investigated negative homosexual identity or homophobia rather than internalized homophobia per se (Lima, Lo Presto, Sherman, & Sobelman, 1993; Miranda & Storms, 1989; Saghir & Robins, 1973; Weinberg & Williams, 1974). These studies have shown similar results, with positive relationships between a negative view of the gay identity and depression, anxiety, and alcoholism; and significant inverse relationships with ego strength and self-esteem. In addition, Rosario, Hunter, Maguen, Gwadz and Smith (2001) have shown that gay, lesbian, and bisexual youths with negative attitudes towards their homosexuality are more likely to engage in unprotected sexual behaviours, exposing them to significant health risks.

Rowen and Malcolm's (2002) study has been described previously. Of interest, Rowen and Malcolm found that internalized homophobia was significantly greater in men in the first three stages of HIF than men in the last three stages of HIF. Internalized homophobia was significantly related to negative self-concepts about physical appearance and emotional stability, low self-esteem, and sex guilt. Interestingly, internalized homophobia showed a small positive correlation ($r = .18, p = .05$) with perceptions of a repressive environment in the past, but a large positive correlation ($r = .53, p < .01$) with perceptions of a current repressive environment. Hence, it appears that internalized homophobia is strongly influenced by the individual's perceptions of a currently repressive interpersonal and social environment.

In a recent study, Wright and Perry (2006) investigated sexual identity distress, social support, and health in a sample of 156 young people aged 13 to 21 who self-identified as gay, lesbian, or bisexual. Sexual identity distress was lower among those who had revealed their identity and had an effective support network. Sexual identity distress was positively related to general psychological distress, but was not related to greater drug use or risky sexual behaviours. This was in contrast to most findings in this area (e.g., Rosario et al., 2001). Wright and Perry argued that the relationship between sexual identity distress and risk-taking behaviour is complex, and that the lower rates of risky behaviour observed in those with high levels of sexual identity distress was related to high levels of social isolation in gay, lesbian and bisexual youth. That is, social isolation reduced the opportunities to engage in risky behaviours in the young sample.

These findings suggest that individuals with emergent gay identities internalise the prevailing negative attitudes toward homosexuality held by wider heterosexual society (Allen & Oleson, 1999; Coleman, 1981/1982). This internalisation occurs at a very early age, prior to the recognition of the relevance of the gay identity to the self (Baker & Fishbein, 1998; Mallet et al., 1997). The individual therefore holds strongly negative attitudes towards the newly recognised gay identity, contributing to poor self-esteem (Allen & Oleson, 1999) and disconnection from the gay community (Kippax et al., 1993; Williamson, 2000). Internalised homophobia has been linked to a range of adverse health and well-being outcomes (Lima et al., 1993; Melamed, 1993; Miranda & Storms, 1989; Romance, 1988; Saghir & Robins, 1973; Weinberg & Williams, 1974). The individual also faces a complex decision: whether to reveal or conceal the emergent gay identity. The potential impact of disclosure or non-disclosure on the individual's psychosocial well-being makes the decision very important.

Impact of Disclosure versus Non-Disclosure of Gay Identity

Reasons for non-disclosure of emergent gay identity. It is important to note that the choice to disclose sexual identity or not is a key difference between heterosexual people and non-heterosexual people. Within Western society, an individual is usually automatically assumed to be heterosexual (Cass, 1979). There are many reasons why an individual may choose to conceal an emerging gay identity, particularly when one considers that the prevailing attitude towards homosexuality in Western society tends to be negative.

Komarovsky (1976) suggested that disclosure may expose the individual to the risks of criticism, ridicule and loss of power. Kelvin (1977) argued that disclosure might increase the individual's vulnerability to exploitation. Phillips and Metzger (1976) highlighted the possibility for hurt, betrayal, and fear of what the other person might do with the information. Rosenfeld (1979) suggested that many avoid disclosing the gay identity out of fear that the disclosure might alienate or upset the other person, thereby endangering the existing relationship. Finally, Ben-Ari (1995) further adds that the individual may hold fears about the irreversibility of making the disclosure, the fear of possible rejection, the parents' guilt or pain, and the individual's own feelings of guilt.

Remafedi (1987) noted that the individual may be aware that revealing a gay identity increases the possibility of physical, verbal and emotional abuse. Indeed, Ross (1990) found that psychological adjustment among gay men was related to anticipated social rejection rather than actual social rejection. Uribe and Harbeck (1992) also suggested that adolescents have an awareness of the prevailing negative value placed on an emerging gay identity, and learn to hide this identity as a means of protecting the self from harm.

Implications of concealing versus revealing emergent gay identity. Studies have demonstrated that gay men who conceal their sexual identity are vulnerable to adverse health outcomes (Cole, 2006). For example, Cole, Kemeny, Taylor, Visscher, and Fahey (1996) found that there was an accelerated course of HIV infection in gay men who concealed their sexual identity, and that this occurred in a dose-response relationship to the extent of this concealment. The accelerated course of HIV infection could not be attributed to demographic characteristics, health practices, sexual behaviour, antiretroviral therapy, depression, anxiety, social support or repressive coping style.

It is important to note that concealing the gay identity can have positive implications for the individual. While concealing a gay identity has been demonstrated to be a health risk factor for adult gay men, the situation appears to be different for gay youth. For example, coming out to family has been found to be a risk factor for gay youth (Savin-Williams, 1998). Gay youths who had disclosed were more likely to report verbal and physical abuse by family members, as well as reporting more suicidal feelings than those who had not revealed the gay identity to family (D'Augelli, Hershberger, & Pilkington, 1998). Disclosure to the individual's family may have various results, depending on how the disclosure is made and how it is received by family members. Similarly, research has consistently demonstrated that gay men and lesbians generally perceive friends to be more supportive than family members (Kadushin, 1996; Kurdek, 1988; Nesmith, Burton & Cosgrove, 1999), so the impact of closeting or disclosing the gay identity may be determined more by to whom the information is disclosed and at what point, rather than whether disclosure simply occurs or not. The decision about whether to conceal or disclose the gay identity may have mixed results. For example, in a study of 167 gay and lesbian workers, it was found that

those who had disclosed their sexual identity at work reported greater satisfaction with their coworkers. However, those who had closeted their sexual identity had significantly higher earnings and reported greater satisfaction with their rate of pay (Ellis & Riggle, 1995). Clearly, the implications of disclosure of gay identity for the individual's health are complex, involving interactions between social circumstances, family beliefs and individual upbringing, as well as the individual's personality. The net result of disclosure can be positive or negative to one's health.

The process of concealing emergent gay identity. Hiding gay identity has been conceptualised as an active process, requiring individuals to invest energy into the self-monitoring of their behaviour (Uribe & Harbeck, 1992). At the same time, individuals hiding an identity are constantly undermining their self-worth and reinforcing a negative view of the emergent gay identity (Gonsiorek, 1988). Hence, individuals concealing their gay identities engage in a taxing process that requires a significant investment of emotional and psychological resources, and resulting in a significant personal cost. The process is at once a drain on the individual's resources, and also undermines the individual's capacity to employ more effective methods of managing the gay identity.

Suicidal Behaviour and Mental Health Problems

The Australian Institute of Health and Welfare (2003) released a report entitled *Australia's young people: Their health and wellbeing 2003*. This report indicated that the leading cause of death for young people aged 12 to 24 years was injury and poisoning, accounting for more than 70% of all deaths. This category included suicide, which was the cause of 21% of all deaths. Suicide by males represented 17% of all deaths. There was a gender disparity such that among young people, 81% of suicide deaths were of males and 19% of suicide deaths were of females.

Research findings from Australia and internationally have consistently demonstrated that gay youth have much higher rates of attempted and completed suicide than heterosexual youth. Approximately 10% of all heterosexual teens attempt suicide, while 20-30% of all gay teens make an attempt (Remafedi, Farrow, & Deisher, 1991, 1993; Whitlock, 1989). Further, the US Public Health Service released a *Report of the Secretary's Task Force on Youth Suicide* stating that gay and lesbian youth constitute 30% of all completed teen suicides (Ashman, 2004; Fikar, 1992; Kulkin, Chauvin, & Percle, 2000). These findings have led researchers to argue that suicide is the leading cause of death for gay, bisexual, and lesbian youth (Kulkin et al, 2000).

Abelson, Lambevski, Crawford, Bartos and Kippax (2006) investigated the rate of suicidal ideation in a large sample of 529 straight men, 656 gay men, and 115 bisexual men. Participants completed a range of measures, including the item: "How often do you feel suicidal?" Gay and bisexual men showed significantly higher rates of suicidal ideation compared to straight men. Other independent variables within the study also showed significant differences in suicidal ideation. For example, those who were unemployed and living alone had higher rates of suicidal ideation than those who were working and living with another person. However, sexual orientation showed the greatest separation of mean values of all of the independent variables, suggesting that sexual orientation had the strongest association with feeling suicidal. A multiple regression analysis revealed that suicidal ideation was independently predicted (in descending order) by seeking professional help, sexual risk taking, living alone, and reduced social interaction. There was also a significant interaction between feeling bad (the single best predictor) and sexual orientation. The final model predicted that, irrespective of sexual orientation, men showed increased suicidal ideation if they were harassed, used professional help-seeking, engaged in sexual risk-taking behaviour, lived

alone or were social isolated. However, as feeling bad increased, gay and bisexual men's suicidal ideation increased more rapidly than heterosexual men's suicidal ideation.

Savin-Williams and Ream (2003) compared gay, bisexual, and questioning male youth who had attempted suicide with those who do not. Participants were recruited from two sources: a gay support group (n=51), and the internet (n = 681). Previous suicide attempts were reported by 39% of the gay support-group youth, 25% of internet-recruited youth who attended a gay support group, and 9% of internet-recruited youth who did not attend a gay support group. Sexual orientation, behaviour, and identity did not predict suicidal attempt status. Suicide attempters reported higher levels of generic life stressors (such as low self-esteem, substance use, and victimization), as well as gay-identity related stressors. In particular, suicide attempts were reported by those with highly visible gay identity (described as femininity by Savin-Williams and Ream) and those engaging in same-sex sexual behaviour.

Gay, lesbian and bisexual youth have also been found to be at greater risk for various psychiatric disorders, including major depression, anxiety disorders, and conduct disorders (Ashman, 2004; Fergusson et al., 1999; Lock & Steiner, 1999; Safren & Heimberg, 1999). They have increased rates of substance abuse and dependence, and also tend to demonstrate poorer maintenance of physical health compared to heterosexual peers (Fergusson et al., 1999; Lock & Steiner, 1999; Safren & Heimberg, 1999). However, when environmental stress factors related to sexual orientation (for example, verbal or physical harassment) were controlled in a multiple regression analysis, the differences in psychiatric problems between heterosexual and non-heterosexual youth disappeared (Safren & Heimberg, 1999). This evidence was similar to that reported by Abelson et al. (2006), and suggests that many of the adverse health

outcomes of gay, lesbian and bisexual youth may be related to stigma and discrimination associated with the minority sexual identity rather than their sexual orientation per se. Similarly, Otis and Skinner (1996) found that the extent of victimisation had a significant effect on ratings of depression in gay men and lesbians. However, Hershberger and D'Augelli (1995) discovered that while there was a direct negative effect of victimisation upon mental health in gay youth, this was mediated by family support and self-acceptance. That is, gay youths were most vulnerable to the negative effects of victimisation on their mental health if there was low familial support and limited self-acceptance. However, increased family support and self-acceptance increased the youth's resilience to the effects of victimisation. It is therefore important to consider both individual and social factors when investigating the psychosocial well-being of sexual minority youth.

Even early research on adjustment to a homosexual identity found that not all homosexual individuals suffered from poor psychosocial well-being. Those gay men who rejected the idea that homosexuality is an illness, had a close social network of other homosexual individuals, and who did not wish to change or 'cure' their homosexuality demonstrated more positive adjustment (Weinberg & Williams, 1974). Subsequent research revealed similar results: that positive commitment to homosexual identity was related to psychological adjustment (Hammersmith & Weinberg, 1973), and that membership within a homosexual social group was associated with psychological well-being and self-esteem (Farrell & Morrione, 1974; Jacobs & Tedford, 1980). This would indicate that it is not homosexuality per se that causes problems with psychosocial well-being.

Summary

Cass' (1979) model of homosexual identity formation has had an important influence in the field of gay identity research for almost 30 years. The model has been successfully applied to both gay men (e.g., Brady & Busse, 1994; Cass, 1984b) and lesbians (e.g., Levine, 1997). The model provides a theoretically-based explanation of the process by which an individual gradually develops an integrated gay identity. The model is therefore useful in investigating psychosocial well-being in gay men.

The formation of gay identity within Western society leaves the individual potentially exposed to negative attitudes and both overt and covert prejudice and discrimination (Herek, 1991, 1993; Herek & Berrill, 1992). The individual may internalise these negative attitudes towards the emergent gay identity (Allen & Oleson, 1999; Coleman, 1981/1982) because the awareness of the gay identity occurs later than the integration of prejudiced attitudes towards gay people (Horn, 2006). Awareness of possible negative consequences may lead the individual to conceal the emergent gay identity (Rivers & D'Augelli, 2001; Uribe & Harbeck, 1992). The individual may avoid immediate negative consequences but remains at high risk of a range of social and psychological problems (Cole et al., 1996).

These social and psychological problems include high rates of suicide attempts and completions (Ashman, 2004; Kulkin et al., 2000); depression; anxiety; low self-esteem (Fergusson et al., 1999; Lock & Steiner, 1999; Safren & Heimberg, 1999); and risk-taking behaviours including unprotected sex (Cole et al., 1996) and substance use (D'Augelli & Hershberger, 1993; Fergusson et al., 1999).

However, not all gay men appear to experience these difficulties (Farrell & Morrione, 1974; Jacobs & Tedford, 1980). To understand why only some gay men experience poor psychosocial well-being, it is important to identify key differences that

increase the risk of poor well-being. Cass' (1979) model proposes that men vary in their stages of identity formation. The individual negotiates stage-based developmental tasks that require the individual to translate sociocultural knowledge into personal identity. This process could expose the individual to crises in self-concept, as the individual might perceive the emergent gay identity negatively. These possibilities raise the important question: could it be that the differences in psychosocial well-being vary according to the individual's stage of HIF?

CHAPTER THREE: STUDY 1. PSYCHOSOCIAL WELL-BEING AS A FUNCTION OF STAGE OF HOMOSEXUAL IDENTITY FORMATION

Summary

The current study⁶ evaluated the stage theory of homosexual identity formation (HIF) developed by Cass (1979), in terms of the relationship between stages of gay identity development and psychosocial well being. Males ($N = 425$; age range 12 to 64 years, $M = 29.23$) who reported sexual attraction to other men provided demographic information and completed psychosocial well-being measures. MANOVA and ANOVAs using polynomial contrasts demonstrated that the psychosocial variables followed a U-shaped function across the six sequential stages of HIF. Well-being was high during the initial confusion and comparison stages, reduced during the middle tolerance and acceptance stages, and high again in the later pride and synthesis stages. Each of the psychosocial well-being variables was significantly different according to stage of development ($p < .01$). The final stage, synthesis, was associated with significantly better well-being than the tolerance and acceptance stages. Qualitative analysis of subjects' comments also revealed support for the U-shaped pattern. This finding suggests that interventions to improve well-being should be targeted at gay men in the middle stages of HIF.

⁶ This study was published as Halpin, S. A., & Allen, M. W. (2004). Changes in psychosocial well-being during stages of gay identity development. *Journal of Homosexuality*, 47, 109-126

Introduction

The formation of a cohesive sense of identity is a cornerstone of human development. Since the 1970s, there has been increasing interest in studying the process by which gay men develop a sense of identity. Often referred to as “coming out”, this process is well noted clinically, but surprisingly little research has been conducted to investigate the pathways leading to the acquisition of an integrated gay identity.

Psychosocial Well-Being and Gay Men

Previous research has raised awareness of the many difficulties faced by some gay men (e.g., Flowers & Buston, 2001; Meyer, 2003; Morrison & L’Heureux, 2001; Russell, Seif & Truong, 2001; Savin-Williams, 2001). Such research has focussed predominantly on the distress experienced by gay men, resulting from a wide range of factors including social stress (Vincke, De Rycke & Bolton, 1999), lack of social support (Nesmith et al., 1999), and experience of homophobia (Otis & Skinner, 1996; Russell & Gray, 1992). Meyer (1995) studied internalised homophobia in gay men and reported that the negative feelings gay men held towards their own sexual identity were associated with demoralisation, guilt, suicidal ideation, AIDS-related traumatic stress response, and sex problems. There are also indications that gay men suffer more distress than heterosexual men from the impact of negative life events due to stigmatization and lack of support (Ross, 1990). It is therefore not surprising that historically such evidence has been used to claim that the development of a homosexual identity is pathological, immature or inferior (Massey & Ouellette, 1996). However, a central weakness of this research is that it assumes that gay identity is a static state that is associated with poor psychosocial well-being. Anecdotal evidence indicates that there is a large degree of variability in the adjustment of gay men, as well as in their perceptions of themselves

and their behaviour (Davies & Neal, 1996). Consequently, a major shift in theoretical approaches to gay identity has occurred over the last 30 years, and the process of gay identity formation is now often described as a process of gradual evolution, with many potential pathways and outcomes (Cass, 1979; Coleman, 1981/1982; Davies, 1996; Woodman & Lenna, 1980). The key hypothesis that I tested in Study 1 is that psychosocial well-being is likely to vary throughout this developmental process.

Homosexual Identity Formation: A Stage Model of Gay Identity Development

Cass (1979, 1996) proposed a stage model of homosexual identity formation (HIF), suggesting that development of a homosexual identity is a process that occurs when individuals encounter incongruity between their perceptions about a characteristic that they attribute to themselves, their perceptions of their behaviour, and their beliefs regarding how others perceive them. Their attempts to maintain congruity between these factors lead them to progress through a series of discrete stages. These stages represent key points of cognitive processing during the identity development process. The stages proposed by Cass include *confusion*, *comparison*, *tolerance*, *acceptance*, *pride*, and *synthesis*. At any one stage the individual may not develop further, at which time identity foreclosure occurs.

Confusion, the first stage according to Cass' (1979) model, occurs when individuals develop an awareness that homosexuality is relevant to themselves and their behaviour. With this knowledge comes an awareness of inconsistency between the individual's own behaviour, the individual's pre-existing self-image as a heterosexual person, and the perception of others that the individual is heterosexual. This causes the individual internal conflict because the behaviour must be re-evaluated, possibly

resulting in affective disturbance. The individual typically does not disclose this inner turmoil to others (Cass, 1979).

Comparison, the second stage of Cass' (1979) model, involves coping with the subjective sense of social alienation that arises as individuals become aware that others perceive them to be heterosexual, while they perceive themselves and their behaviour to be possibly homosexual (Cass, 1984). Individuals at this stage tend to feel isolated and as if they do not "belong" (Cass, 1979).

Tolerance, the third stage of Cass' (1979) model, is associated with an increasing commitment to a homosexual self-perception and a selective tendency to seek out the homosexual subculture (Cass, 1979, 1984b). At the same time, the incongruity between the perception of self as being "probably" homosexual and the feelings of isolation from the heterosexual community result in tolerance rather than acceptance of a homosexual identity.

The acceptance of homosexual identity tends to occur during the fourth stage, acceptance (Cass, 1979, 1984b). Individuals begin to increase contact with homosexual others, thereby allowing them to evaluate homosexuality more positively. However, the task of remaining hidden and "passing" within heterosexual society becomes increasingly difficult as the self-perception of being homosexual is gradually seen more positively.

Stage five, pride, involves addressing the incongruity between the positive perception of the self as homosexual and society's negative perception of homosexuality. This is frequently expressed as a tendency to reject heterosexual society and devalue the importance of heterosexual others in defining the self. Cass (1979) describes this stage as a "combination of anger and pride" (p. 233).

However, as the individual begins to understand that there are heterosexual others who accept the individual's homosexuality in a positive manner, there is an increasing awareness that the blanket perception of heterosexuality as negative and homosexuality as positive is not necessarily true. Stage six, synthesis, occurs as the individual experiences positive interaction with heterosexuals, and realizes that the rigid categorization of 'good' homosexuals and 'bad' heterosexuals is inaccurate (Cass, 1984b). During this stage, homosexual identity comes to be regarded as only one facet of the self, rather than the only defining factor.

Does Psychosocial Well-Being Vary According to Stage of Identity Formation?

The aim of the present research is to investigate the association between homosexuality and indicators of psychosocial well-being from Cass' (1979) stage-based perspective. The social, psychological and emotional characteristics of individuals progressing through each stage would be expected to differ greatly. Distinguishing between stages is important because the pathology reported in previous samples of gay men may be limited to particular stages rather than being an inherent quality of an integrated gay identity.

Few studies have investigated the relationships between stages of gay identity formation and psychosocial well-being empirically. The purported psychosocial sequelae associated with each stage of homosexual identity formation tend to be based on clinical observation rather than research data. Those studies investigating psychosocial health that have focussed on particular groups of gay men have not explicitly grouped them in terms of stage of development. For example, Dempsey (1994) reported clinical observations of gay youth and stated that isolation, poor self-esteem, depression, suicidal ideation and substance use were all problems particularly

associated with young men coming to terms with an increasing awareness of a developing gay identity. Presumably, such young men would be in the early (comparison, confusion or tolerance) stages of Cass' (1979) model. Dempsey's (1994) research was also suggestive of a linear relationship between stage of homosexual identity formation and distress. Early stages of homosexual identity formation were associated with the highest levels of distress, with young men in the early stages of developing a gay identity reportedly "troubled by heightened anxiety and inner anguish" (p. 163). This distress was reduced as homosexual identity formation progressed, and the later stages, in which a sense of commitment to a gay identity was obtained, were associated with relatively little distress.

Despite these predicted associations between stage of identity formation and psychosocial variables observed in clinical settings, little research has systematically explored and described these relationships (Rothblum, 1994). One of the few exceptions was the study by Brady and Busse (1994). These researchers developed the Gay Identity Questionnaire (GIQ) and investigated how stage of identity related to happiness, loneliness, anxiety, kindness, sexual prowess, suicidal ideation, mental hygiene and physical health. Each of these psychosocial variables was assessed using a single statement to which the participant responded on a Likert-type scale. For example the item assessing mental hygiene asked for the level of agreement with the statement, "I am a mentally healthy person". The results indicated that participants in the tolerance stage had significantly lower levels of psychosocial well-being than those in the later acceptance, pride, and synthesis stages. The single items used by Brady and Busse were designed by the authors, had no previous validation through use in other studies, and information regarding their reliability and validity in measuring the well-being constructs was not provided. A more rigorous assessment of the relationship between

psychosocial variables and stage of identity formation is clearly needed to support this initial evidence.

More critically, the Brady and Busse (1994) study suffered from a small sample size of participants in the early stages. Of the 225 participants, there was only one confusion stage participant and only four comparison stage participants. The conclusions of the study were based only on the middle (tolerance and acceptance) and late (pride and synthesis) stages of identity formation. The stages of confusion and comparison were ignored for the purposes of analysis, with no adequate investigation of these initial stages. The study authors acknowledged these limitations and suggested that future research should attempt to find ways to recruit greater numbers of participants who belong to the confusion and comparison stages. Because of the lack of participants in the first two stages, the assumption that progress towards an integrated gay identity involves a linear progression through a series of developmental stages has not been adequately investigated.

In addition, the method used by Brady and Busse (1994) to classify participants into each stage of gay identity formation was simplistic. Participants were allocated to one of the stages of gay identity formation on the basis of their highest score on the GIQ subscale for each stage. This allocation procedure ignores the extent to which participants endorse items related to other stages of gay identity formation. It is possible that the change between stages is a gradual process, as suggested by Cass (1996), and that individuals may begin to negotiate the developmental tasks of subsequent stages while still completing those of earlier stages. That is, participants may encounter periods of transition in which they endorse items relating to two or more different stages of gay identity development. Brady and Busse's method of stage allocation accounts for the 'dual-stage' participants (24 of the 225 total participants) in their study. It is highly

likely that rather than being ‘dual stage’, these participants were in the process of progressing from the earlier stage to the later stage. A more dimensional view of the individual's developmental progression may be observed by looking at the level of endorsement of each of the GIQ stage subscales. This is Cass’ recommendation when using the Stage Allocation Measure (Cass, 1984b), and this recommendation should also apply to the Gay Identity Questionnaire. This more multidimensional approach would enable researchers to assess participant progress through each stage.

Summary of Aims and Hypotheses

The first of Study 1’s two key aims was to investigate more rigorously the relationship between psychosocial variables and stage of gay identity development using a grouping methodology similar to that of Brady and Busse (1994). The second aim was to explore an alternative approach to categorising participants into different stages of gay identity development, investigating a more dimensional concept of developmental stages. Based on the results of the previous studies and clinical observations described above, I predicted that there would be a linear relationship between stage of gay identity formation and psychosocial well-being. That is, early stages of gay identity formation should be associated with greater levels of loneliness, and lower levels of self-esteem, happiness, and satisfaction with life. Later stages of gay identity formation should be associated with less loneliness and greater self-esteem, happiness, and satisfaction with life.

Method

Participants

The participants were 425 males who reported sexual attraction to other men. A further 32 participants were excluded as they left large portions of the questionnaire incomplete. The sample ranged in age from 12 to 64 years ($M = 29.23$).

Participants were recruited through advertisements that were placed on internet bulletin boards chosen from sites that contained gay (non-pornographic) content. The advertisements described the study as being about the attitudes and feelings of men who are attracted to men and provided the internet address of the study. All participation was voluntary, and no incentive was offered.

Previous studies have encountered difficulties in trying to recruit men in the early stages of gay identity formation (Brady & Busse, 1994; Nesmith et al., 1999; Sell & Petruccio, 1996). Based on retrospective accounts from gay men discussing their early exploration of their emerging sexual identity (Davies, 1996; Flowers & Buston, 2001; Floyd & Stein, 2002), I hypothesized that the internet would be a means of recruiting participants who were exploring the idea of assuming a gay sexual identity. I also reasoned that the internet would be a less threatening research setting than the alternative of engaging in a personal interaction with the researchers. Other research has shown that the results obtained via internet administration replicated those of a traditionally based questionnaire (Epstein & Klinkenberg, 2002), and the validity of internet research has also been shown to be acceptable in gay, lesbian and bisexual samples (Koch & Emrey, 2001; Mustanski, 2001; Rhodes, Di Clemente, Cecil, Hergenrather, & Yee, 2002). All participants used a personal computer with internet access to complete the questionnaire package. The raw response data were emailed anonymously to the researcher for analysis.

The website statistics indicated that there had been 655 visits to the initial information page throughout the recruitment period, resulting in a yield of 425 participants who completed the entire study. This equated to an approximate participation rate of 64.89%⁷.

Table 3.1 provides a summary of the nationalities of the sample. The majority of participants were from Western societies. Over 80% of the sample recorded their country of origin as the United States of America, Australia or New Zealand.

Table 3.1

Nationalities of the Sample

| Nationality | Number | % of Sample |
|---------------------------|--------|-------------|
| United States of America | 241 | 56.71 |
| Australia and New Zealand | 109 | 25.65 |
| Europe | 24 | 5.65 |
| United Kingdom | 19 | 4.47 |
| Canada | 16 | 3.76 |
| Asia | 11 | 2.59 |
| Latin America | 5 | 1.17 |

Participants' self-reported occupations were classified according to the Australian Standard Classification of Occupations (ASCO: Australian Bureau of Statistics, 1997). This information is summarised in Table 3.2. Based on this information, the sample was comprised primarily of two groups: professionals and students. Lower paid workers and the unemployed were relatively under-represented.

⁷ Note that the exact participation rate is difficult to calculate as some participants might have visited the information page several times before completing the study itself.

Table 3.2

Occupations of the Sample

| ASCO Occupation Group | Number | % of Sample |
|---|--------|-------------|
| Managers and administrators | 17 | 4.00 |
| Professionals | 96 | 22.59 |
| Associate professionals | 45 | 10.59 |
| Tradespersons and related workers | 11 | 2.59 |
| Advanced clerical and service workers | 11 | 2.59 |
| Intermediate clerical, sales, and service workers | 22 | 5.18 |
| Intermediate production and transport workers | 2 | 0.47 |
| Elementary clerical, sales, and service workers | 35 | 8.24 |
| Labourers and related workers | 2 | 0.47 |
| Students and retired | 148 | 34.82 |
| Not Stated | 36 | 8.47 |

*Instruments**Demographic Data*

Participants provided their age, occupation and nationality at the beginning of the questionnaire. In addition, participants could provide further comments and opinions at the end of the questionnaire.

Gay Identity Questionnaire

The Gay Identity Questionnaire (GIQ; Brady & Busse, 1994) is a 45-item self-report measure that is designed to categorise participants into one of the six stages of Cass' (1979) homosexual identity formation model. The questionnaire consists of six

subscales, each representing one of the HIF stages. Examples of items include, “I don’t have much contact with heterosexuals and can’t say that I miss it”, and “My heterosexual friends, family and associates think of me as a person who happens to be gay, rather than as a gay person.” Each item is scored as 0 (*false*) or 1 (*true*).

Assignment to one of the stages of the homosexual identity formation model is based on the highest subscale total score. In the present research, I assigned participants with equal scores for two subscales to the earlier of the stages.

Brady and Busse (1994) developed their scale by designing 100 items that they thought were characteristic of individuals in the various HIF stages. These items were rated by four independent raters who were familiar with the HIF model. The researchers retained items that at least 75% of the raters agreed were characteristic of each stage. The resulting pool of 63 items was administered to a pilot sample of 25 gay men who were attending a gay social/political group. Responses were used to assess the reliability of items that were related to each stage. Items for each stage were retained if at least 65% of the participants assigned to that stage chose the item as being characteristic of them. In addition, items were discarded if more than 50% of participants who were assigned to a different stage agreed that the item was characteristic of them. This resulted in a final scale of 45 items.

Brady and Busse (1994) reported interitem consistency scores for each stage subscale according to the Kuder-Richardson formula: tolerance $r = .76$, acceptance $r = .71$, pride $r = .44$, and synthesis $r = .78$. A major limitation in the development of the GIQ was the small number of participants in the confusion and comparison stages. This meant that interitem consistency could not be evaluated for the items related to those stages.

Depression-Happiness Scale

The Depression-Happiness Scale (McGreal & Joseph, 1993) is a 25-item scale that assesses feelings of happiness and depression over the past seven days. The scale is designed to capture a continuum of mood, with high total scores reflecting happiness and low scores reflecting depression. Examples of items include, “I felt life had a purpose”, and “I felt life wasn’t worth living (reverse scored)”. Participants respond to these statements using a Likert-type scale ranging from 0 (*never*) to 3 (*often*).

McGreal and Joseph (1993) reported that their scale demonstrated high reliability ($\alpha = .93$) and concurrent validity with the Beck Depression Inventory ($r = -.73, p < .01$). The scale also correlated negatively with several measures of depression (Joseph, Lewis & Olsen, 1996). However, McGreal and Joseph suggested that the scale had good discriminant validity, rather than being merely another measure of depression, because the reliability coefficient was substantially larger than the correlation with the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961).

Satisfaction with Life Scale

The Satisfaction with Life Scale (Diener, Emmons, Larsen & Griffin, 1985) is a 5-item scale assessing general satisfaction with life. Examples of items include, “In most ways my life is close to ideal”, and “If I could live my life over, I would change almost nothing.” Participants rate each item on a 7-point Likert-type response scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). High scores indicate greater life satisfaction. The scale has a high test-retest correlation ($r = .82$) and reliability ($\alpha = .87$) and correlated predictably with other measures of subjective well-being (Diener et al., 1985).

UCLA Loneliness Scale

The UCLA Loneliness Scale (Russell, Peplau & Cutrona, 1980; Russell, Peplau & Ferguson, 1978) is a 20-item scale that contains statements that assess the frequency of feelings of loneliness and sociability. Example items include “My social relationships are superficial”, and “I do not feel alone (reverse scored)”. Participants respond from 1 (*I have never felt this way*) to 4 (*I have felt this way often*) using a Likert-type response scale. Russell et al. (1980) found the reliability of the scale to be high ($\alpha = .94$) and, although the scale correlated significantly with scales of depression and anxiety, it has been found to have discriminant validity (Russell et al., 1980).

In the present research, I coded the data from this scale in such a way that low scores indicated increased loneliness and high scores indicated less loneliness. This coding approach allowed clearer comparisons with the other measures of well-being.

Index of Self-Esteem

The Index of Self-Esteem (Hudson, 1982) is a 25-item instrument that measures personal self-esteem. Examples of items include, “I feel that people really like to talk to me”, and “I am afraid I will appear foolish to others”. Participants respond to items on a Likert-type scale ranging from 1 (*rarely or none of the time*) to 5 (*most or all of the time*).

The Index of Self-Esteem has sound psychometric properties, with strong reliability ($\alpha = .93$) and test-retest reliability ($r = .92$; Hudson, 1982), and adequate discriminant validity ($r = .78$; Abell, Jones & Hudson, 1984). In the present research, I coded the data from this scale in such a way that low scores indicated low self-esteem and high scores indicated high self-esteem. This coding approach allowed clearer comparisons with the other measures of well-being.

Results

Categorising Participants According to Identity Stage

The GIQ demonstrated good reliability for most stage subscales: confusion ($\alpha = .78$), comparison ($\alpha = .78$), tolerance ($\alpha = .79$), acceptance ($\alpha = .80$) and synthesis ($\alpha = .82$). The exception was the pride subscale ($\alpha = .46$). This replicated Brady and Busse's (1994) finding that the pride subscale demonstrated poor interitem consistency.

The majority of participants were categorised into the acceptance stage ($n = 151$) and synthesis stage ($n = 163$), and relatively few were placed in the confusion stage ($n = 13$) or the comparison stage ($n = 18$). These results are displayed in Table 3.3. This profile is similar to the categorization of participants in the Cass (1984b) and Brady and Busse (1994) studies. Ages of participants ranged from 25.62 to 31.12 years. A one-way ANOVA revealed that age did not vary significantly according to HIF stage, $F(5, 419) = 1.83, p = .11$.

Table 3.3

Number of Participants for Each Identity Stage

| Identity Stage | Number of Participants | % of Sample |
|----------------|------------------------|-------------|
| Confusion | 13 | 3.06 |
| Comparison | 18 | 4.24 |
| Tolerance | 38 | 8.94 |
| Acceptance | 151 | 35.53 |
| Pride | 42 | 9.88 |
| Synthesis | 163 | 38.35 |

HIF Stage and Psychosocial Well-Being

Unexpectedly, the responses on each of the dependent variables followed a ‘U’ shaped function, in which scores were reasonably high in the early HIF stages, lower in the middle stages of tolerance and acceptance, and relatively high again during the final stages of pride and synthesis. Figure 3.1 depicts the standardised mean scores for each dependent variable plotted across the HIF stages.

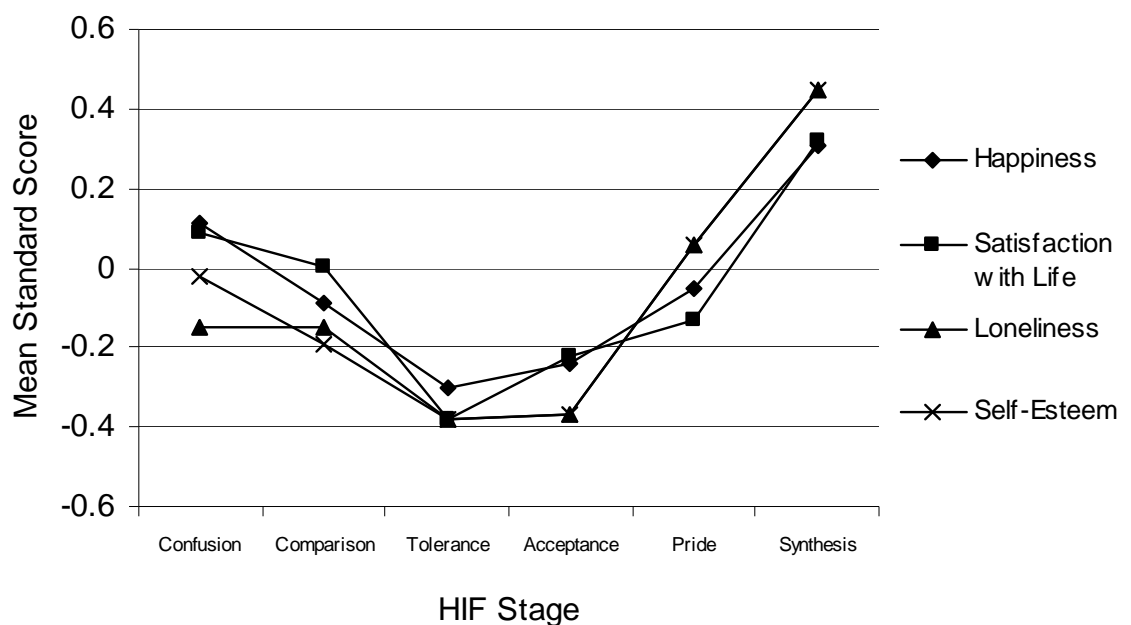


Figure 3.1. Mean standard scores of well-being dependent variables across HIF stages.

To assess whether these results reflected a significant U-shaped function, I conducted a univariate ANOVA on HIF stage using polynomial contrasts for each of the dependent variables. For happiness/sadness and satisfaction with life, the contrast results suggested a quadratic function ($p < .01$ for both cases). For loneliness and self-esteem, the contrasts also suggested that a quadratic function best described the data ($p < .01$ for both cases), although there was also some weaker evidence of a linear function for these dependent variables ($p < .05$ for both cases), suggesting that psychosocial

well-being also improved with each stage. This provided strong evidence that the relationship between stage and each of the dependent variables could best be described as a parabola, confirming the presence of a U-shaped relationship between HIF Stage and each dependent variable.

MANOVA Analysis

As expected, the psychosocial well-being variables were all strongly correlated with one another. Table 3.4 summarises these correlations.

Table 3.4

Correlations between Psychosocial Well-Being Variables

| | Happiness- Sadness | Satisfaction with Life | Loneliness | Self-Esteem |
|------------------------|-----------------------|---------------------------|------------|-------------|
| Happiness-Sadness | 1 | .74** | .67** | .66** |
| Satisfaction with Life | - | 1 | .63** | .60** |
| Loneliness | - | - | 1 | .75** |
| Self-esteem | - | - | - | 1 |

** $p < .01$.

Multivariate analysis of variance is appropriate when the dependent variables are highly correlated (Howell, 1992). I therefore used a one-way MANOVA with HIF stage as the independent variable and satisfaction with life, loneliness, self-esteem and happiness-sadness as the dependent variables⁸. The multivariate test revealed a significant main effect of HIF stage, Pillai's trace = .18; $F(20, 1676) = 4.01$, $p < .01$.

⁸ I initially included age as a covariate, but the covariate did not reach statistical significance, Pillai's trace = .01; $F(4, 415) = 1.39$, $p = .24$. This suggested that age was not a confounding variable for these results.

There were significant main effects of stage on satisfaction with life, $F(5, 419) = 6.37, p < .01$; loneliness, $F(5, 419) = 13.90, p < .01$; self-esteem, $F(5, 419) = 14.28, p < .01$; and happiness-sadness, $F(5, 419) = 6.07, p < .01$. Post hoc Scheffé comparisons were used to examine the differences between HIF stages for each of the dependent variables. Scheffé comparisons were chosen because they are relatively conservative, minimise the effect of multiple comparisons on the error rate, and are accurate even where group sizes are unequal (Scheffé, 1953; see also Howell, 1992, p.364). The means for each well-being variable and post hoc Scheffé contrasts are provided in Table 3.5.

Table 3.5

Means and Scheffé Comparisons for Well-Being Variables by each of the HIF stages

| | Confusion | Comparison | Tolerance | Acceptance | Pride | Synthesis |
|------------------------|------------------|------------------|--------------------|--------------------|------------------|--------------------|
| | (<i>n</i> = 13) | (<i>n</i> = 18) | (<i>n</i> = 38) | (<i>n</i> = 151) | (<i>n</i> = 42) | (<i>n</i> = 163) |
| Happiness | 49.46 | 46.61 | 43.55 ^a | 44.35 ^a | 47.17 | 52.37 ^b |
| Satisfaction With life | 21.62 | 20.89 | 17.82 ^c | 19.17 ^c | 19.83 | 23.44 ^d |
| Loneliness | 45.77 | 45.83 | 48.79 ^c | 48.74 ^c | 43.07 | 38.03 ^f |
| Self-esteem | 85.31 | 82.11 | 76.26 ^g | 79.02 ^g | 87.43 | 93.81 ^h |

Note. Means with different superscripts in each row differ significantly at $p < .01$ by post hoc Scheffé comparisons.

As shown in Table 3.5, synthesis participants had significantly higher scores for each of the dependent variables than did tolerance participants and acceptance participants.

Factor Analysis

The previous analyses demonstrated that each of the dependent variables displayed a very similar U-shaped pattern across the HIF stages. In addition, the well-being variables were also strongly correlated, as shown in Table 3.4. The dependent variables were also theoretically related to one another as they all measure psychosocial well-being. Given this situation, I conducted a principal axis factor analysis on the happiness-sadness, satisfaction with life, loneliness, and self-esteem dependent variables in order to investigate whether the dependent variables were all related to an overall well-being factor.

Principal axis factoring is superior to principal components analysis because it more accurately reproduces population loadings (Russell, 2002; Widaman, 1993). I used an oblique (promax) rotation in order to take account of the possibility that the factors could be correlated with one another (Fabrigar, Wegener, MacCallum & Strahan, 1999; Russell, 2002, p. 1638). Factors were selected based on the scree test (see Figure 3.3), which is appropriate for the principal axis factoring method (Fabrigar et al., 1999; Russell, 2002). As shown in Figure 3.2 there was a single-factor solution, accounting for 75.54% of the variance, with an eigenvalue of 3.02.

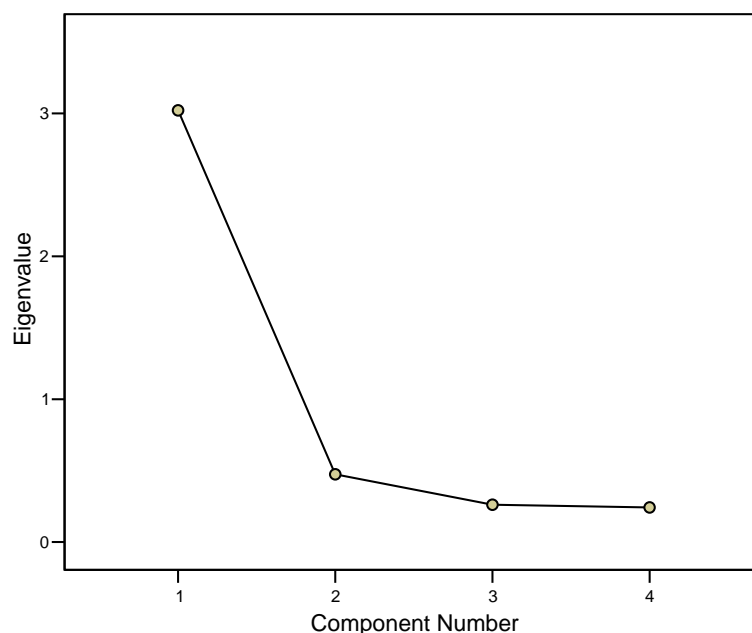


Figure 3.2. Scree plot of the psychosocial well-being factor analysis.

Each dependent variable loaded strongly on the single factor (happiness-sadness = .88; satisfaction with life = .85; self-esteem = .87; loneliness = .88). This factor appeared to be related to happiness, satisfaction with life, high self-esteem, and an absence of loneliness. It is perhaps best described as a measurement of “well-being”.

A well-being index was calculated by standardising the satisfaction with life, loneliness, self-esteem and happiness scores and adding the results. This method was suitable because the scales had different variances (Russell, 2002, p. 1643, Footnote 8). This item summation approach was used rather than the alternative approach of creating factor scores that weight items according to their loadings on factors because, as Russell (2002) noted, “factor score weights are likely to be sample-specific and therefore not replicable” (p. 1637). Mean well-being index scores for each HIF stage are illustrated in Figure 3.3.

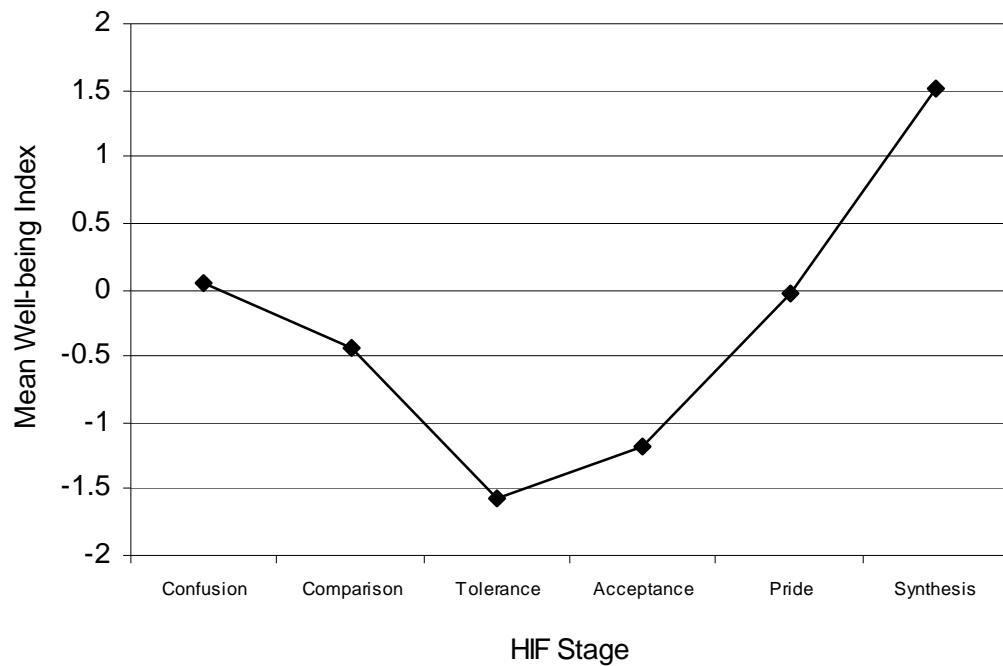


Figure 3.3. Mean well-being index by HIF stage.

I conducted a one-way ANOVA using stage as the independent variable and the well-being index as the dependent variable. There was a significant effect of stage, $F(5, 419) = 12.99, p < .01$. Post hoc Scheffé comparisons revealed significant differences, with synthesis participants' well-being index ($M = 1.52$) being higher than that of both tolerance participants ($M = -1.57$) and acceptance participants ($M = -1.19$). This finding replicated that of the MANOVA reported previously.

Qualitative Analysis

Many respondents chose to leave additional comments in the open-ended section at the end of the questionnaire. Their statements appeared to confirm the face validity of Cass' (1979) stage model of gay identity formation. In addition, these insights further serve to illustrate the psychosocial issues that are negotiated within the various stages. For example, a young man in the tolerance stage wrote of the difficulties and isolation

that sometimes occurs while becoming aware of a gay sexual identity: "I am 14, gay, and I can't tell my parents I'm gay cause I know they hate gays. I have never met another gay person. I want a gay friend who understands me more than anything in the world... being gay does make you feel bad about yourself sometimes. Gay people are really looked down upon in society." Another tolerance stage participant stated "I feel I am 90/10 homo/hetero sexual, no one knows. If I had a choice I would be heterosexual."

Participants in the acceptance stage frequently described accepting being gay, but finding it difficult to negotiate the internal and social conflict a gay identity sometimes brought: "I accept but am not proud of being gay... that would be like saying I am proud to be white. It makes no sense. But I am proud of myself for coming to terms with being gay when it is a hard thing to accept in yourself. Especially feeling so different during puberty, adolescent hell."

A common theme of comments written by those within the pride stage involved protest against homophobic values within society, and sometimes heterosexuals in general. One participant wrote "sign me up for another quiz anytime... If I can take abuse from homophobes I can take abuse from a stupid online test." Surprisingly, another common theme in the comments of participants in the pride stage was a determined effort to distance the self from the labels of 'homosexuality' and being 'gay', for example: "I refuse to be moulded into a group... I am just me"; "labels restrict and limit the soul... I am happy and content being who I am: a productive, intelligent and healthy human being." On the surface these comments seem to contrast with Cass' (1979, 1996) model, in which the pride stage is associated with a devaluation of heterosexuality and an elevation of the status of homosexuality. Perhaps the pride stage is associated with the emergence of a renewed and valued self-image, and the rejection of labels as defining characteristics.

Respondents in the synthesis stage frequently reported the theme of establishing long-term intimate relationships and renegotiating relationships with family members. For example: "I have been 'married' to the man of my dreams for 7 years now. Although habitation is illegal in the state of Arizona, we own a house together and live our lives as 'normal' people..." and "My parents are the best! They are why I have been able to be more comfortable than other gay people I know."

Discussion

Psychosocial Well-Being and HIF: A U-shaped Function

The current study discovered significant relationships between the stage of gay identity formation and the psychosocial dependent variables of happiness-sadness, satisfaction with life, self-esteem and loneliness. However, this relationship was not linear as predicted by anecdotal clinical evidence. Rather, the results revealed a 'U' shaped function, in which greater levels of distress were associated with the middle stages of tolerance and acceptance. The initial stages of confusion and comparison were similar to the late stages of pride and synthesis in demonstrating relatively low levels of distress. The differences in the dependent variables between the early and middle stages did not reach significance. However, the power of these tests was reduced due to the unequal cell sizes and the relatively small number of participants in the confusion and comparison stages. I found support for a U-shape function for each dependent variable in the univariate ANOVAs by using polynomial contrasts to demonstrate a significant quadratic function.

There are four potential explanations for association between positive psychosocial well-being and the early stages of HIF. First, these results may be interpreted as indicating that during the initial stages of confusion and comparison, the individual's lack of awareness of an emerging sexual identity is actually protective. That is, "ignorance is bliss" for these individuals so that they are unaware that they are developing a negatively valued social identity. Therefore they do not feel apprehension or discomfort at that point. This explanation might be challenged because the individual is likely to still be aware that their behaviour is negatively valued by the wider community. Second, these initial stages may involve individuals being "in the closet". At these stages, individuals have not begun the process of revealing their evolving

sexual identity to others and, through the processes of identity management, concealment and selective disclosure (Cain, 1991), they avoid direct hostility and the resulting stress. A third possibility is that some individuals may feel excitement and optimism about the newly emerging identity, in the absence of the stress accompanying social disclosure in subsequent stages. The individual might enjoy the emerging possibilities associated with the identity, but is not committed to the identity and so does not partake in negative social consequences of the identity. The final possibility is related to the difficulty in obtaining early stage participants. Cass (1996) noted that individuals within stages can have either a negative or a positive outlook on the emergent gay identity. It could be that the early stage participants in the current study chose to participate because they represented positive pathways according to Cass (1996). Those with more negative attitudes towards the emergent gay identity may have chosen not to participate.

In contrast, the middle stages of tolerance and acceptance are actually the most testing periods of gay identity development. These stages tend to be the time when individuals begin to disclose their sexual identity to others, and may be associated with social judgement, stigma, less contact with other gay individuals and perhaps even lack of confidence in the newly acquired self-image as a “gay person”. Cass’ (1979) description of the tolerance stage appears to be supported by the current study. Individuals negotiated increasing commitment to their identity in the context of isolation and at times rejection, and this was when poorer psychosocial adjustment arose. However, the assertion made by Cass (1984b) that the acceptance stage “...represents a relatively peaceful and stable time for the homosexual...” (p. 152) is in contrast to the findings of the current study, which indicate that the acceptance stage is associated with significant psychosocial distress. Perhaps at this stage individuals accept

that they are homosexual, and that this is a permanent feature of the self. Therefore the gay *identity* is stable. However, the lifestyle changes and social interactions associated with adjusting to this identity may be associated with distress.

The later stages of pride and synthesis are frequently identified as being associated with a stable sense of sexual identity, and imply the presence of social relationships and support by others (Cass, 1979, 1984b). The results of the current study supported such clinical observations: I found that gay men at these pride and synthesis stages of gay identity formation had a strong sense of self-esteem, increased satisfaction with life, were less lonely, and reported being relatively happy. Cass (1979) reported that synthesis occurred when the individual experienced a growing sense of congruity between the public and private self. The nonlinear relationship between stage of gay identity formation and various psychosocial variables presents a new perspective on the development of integrated sense of self as a gay man. This finding directly challenges the view commonly expressed by some groups within society that all gay people are inherently poorly adjusted compared to heterosexual people (Radkowsky & Siegel, 1997; Rothblum, 1994). In fact, this study has produced evidence that gay people reach an integrated identity that is just as psychosocially sound as those with an integrated heterosexual identity. This is demonstrated by the mean results of participants in the synthesis stage on the scales of psychosocial well-being. These results were comparable to those reported for the (presumably) mainly heterosexual participants in the original studies and subsequent studies using the scales. The means and standard deviations for each dependent variable for synthesis participants are presented in Table 3.6. The column labelled “Study 1: Synthesis Participants” lists the means and standard deviations observed in the current study. The column labelled “Other Research” lists the

means and standard deviations observed in either the original or more recent studies using the same measures.

Table 3.6

Well-Being Variable Means and Standard Deviations in Study 1 and Other Research

| | Study 1: Synthesis Participants | Other Research |
|------------------------------|---------------------------------|-------------------------------|
| | <i>M</i> (<i>SD</i>) | <i>M</i> (<i>SD</i>) |
| Satisfaction with Life Scale | 23.44 (7.26) | 23.50 ^a (6.43) |
| Happiness-Sadness Scale | 52.37 (13.35) | 46.22 ^b (12.28) |
| UCLA Loneliness Scale | 38.02 (10.98) | 40.14 ^c (9.52) |
| Index of Self-Esteem | 93.81 (16.37) | 72.38 ^d (15.23) |

^a Diener et al., 1985; ^b McGreal & Joseph, 1993; ^c Constable & Russell, 1986; ^d Alessandria & Nelson, 2005.

As shown in Table 3.6, synthesis participants' mean scores and standard deviations were comparable with general population mean scores and standard deviations. This provides evidence that gay men who reach the synthesis stage have generally equivalent well-being to the largely heterosexual general population.

It is true that for many gay men there appears to be a decline in adjustment during the middle stages of gay identity formation (that is, the acceptance and tolerance stages). However, the developmental tasks of these stages involve becoming clearer

about the individual's needs (for example, needs for sexual or romantic relationships) as well as wanting to disclose sexual feelings to others. The poor adjustment of these stages may therefore be associated with potential social rejection and uncertainty, and may be a product of social forces rather than an inherent aspect of gay identity development.

With a larger sample size and empirically validated measures of well-being, Study 1 demonstrated that there seemed to be a U-shaped relationship between stage and well-being, with significant differences between the tolerance and acceptance stages and the synthesis stage.

Clinical Implications

On a clinical level, the finding that the greatest levels of distress tend to be associated with the middle stages of gay identity formation suggest that support and resources should be targeted primarily at those within the tolerance and acceptance stages. These middle stages are associated with the emergence of new demands on the individual: developing relationships within the gay community; developing romantic relationships; negotiating changing social relationships; and managing selective disclosure of the emerging gay identity. Individuals will vary in their personality, developmental experiences, social support, and some find that their capacity to meet these demands is limited. The process of negotiating these stages may be associated with the increased rates of depression, suicidal ideation, and suicide attempts that are reported in studies where identity stage is not controlled as a possible confounding factor (Herrell et al., 1999; Fergusson et al., 1999). Therapists working with men who are developing a gay identity should expect a decline in well-being to occur as these stages are negotiated. However, given the pattern of results found in the current study,

improvements tend to occur as gay men reach a more integrated sense of self and develop a sense of community with other gay men. Further research could focus on the development of intervention strategies to either reduce the extent of psychosocial distress during the middle stages of HIF or even to prevent the decline in well-being.

Expansions On Previous Research

This study further expanded upon the work of Brady and Busse (1994). I recruited more participants in the first two stages of HIF than Brady and Busse and demonstrated that the GIQ subscales for the confusion and comparison stages were internally consistent. I also confirmed that the pride subscale lacked reliability.

Summary

Study 1 was able to demonstrate that the middle stages of homosexual identity formation were associated with lower psychosocial well-being than the final stage. However, a major limitation of the current study was that it could not identify the reasons why this discrepancy occurred. Future research should investigate why the middle stages are associated with poorer well-being than the final stage. In particular, social and individual processes affecting well-being should be investigated, as these could offer insights into how the problems with well-being experienced by middle-stage gay men could be improved. It is important to note that the pattern of results described in the current study reflects a process of identity development that does not occur in isolation. It is probable that the social environment, homophobia evident within society and fear of rejection, interacting with individual personality and developmental experiences, cause much of the distress associated with the formation of gay identity. Individual support and intervention may be helpful to individuals negotiating difficult

periods within the development of a gay identity. However, social acceptance of homosexuality as a normal, non-pathological facet of human development may bring the most beneficial change.

CHAPTER FOUR: STUDY 2. MEDIATION AND MODERATION OF THE EFFECT OF HIF STAGE ON WELL-BEING: A PRELIMINARY INVESTIGATION

Summary

I investigated (a) why the middle stages of homosexual identity formation (Cass, 1979) were associated with poorer psychosocial well-being than late stages and (b) under what conditions well-being was most likely to be impaired. Gay men ($N = 199$, age range 15 to 65 years, $M = 31.25$) completed an online questionnaire. I conducted an experimental manipulation of perceived group permeability, a potential moderator of the effect of identity stage on well-being. As predicted, acceptance participants reported more closeting, lower in-group identification, lower perceived status of the gay group, and lower membership esteem and private esteem than synthesis participants. Contrary to predictions, closeting, in-group identification, perceived status, and collective self-esteem did not mediate the relationship between stage and well-being. Also contrary to predictions, perceived group permeability did not moderate the effect of stage on well-being.

Introduction

The results of Study 1 demonstrated that the middle stages of Cass' (1979, 1984b, 1996) homosexual identity formation (HIF) model are associated with reduced psychosocial well-being in such areas as mood, self-esteem, loneliness, and satisfaction with life, when compared with the early and late stages. Using the Gay Identity Questionnaire (Brady & Busse, 1994), 425 men who reported sexual attraction to other men were categorized as belonging to one of the six stages proposed by the HIF model. Tolerance and acceptance stage participants demonstrated significantly lower levels of psychosocial well-being than synthesis stage participants on measures of satisfaction with life, loneliness, self-esteem, and a mood scale measuring the continuum from happiness to sadness. This finding challenged previous assumptions about gay identity development that predicted a linear improvement in psychosocial well-being as the individual progresses towards an integrated gay identity (e.g., Dempsey, 1994).

The findings of Study 1 suggested that the middle stages of homosexual identity formation represent a particularly vulnerable period that is associated with poor psychosocial well-being. This research has important clinical implications given that young people who are in the process of developing a gay identity have elevated rates of suicide attempts (Remafedi et al., 1991), completed suicides (Fikar, 1992; Herrell et al., 1999), mental health problems (Fergusson et al., 1999) and substance use (Sanford, 1989). Targeting clinical interventions at gay men in the middle stages of HIF could potentially reduce the distress associated with the identity formation process. However, the development of effective interventions requires a thorough understanding of the reasons for the differences in psychosocial well-being between the middle and late stages of the HIF model. The present study aimed to investigate these reasons.

The acceptance and synthesis stages were the primary foci of Study 2 for several reasons. Most importantly, these stages showed significant differences in well-being in Study 1. It is important to understand why well-being is poor during the acceptance stage, as this is likely to be the stage when gay men are most likely to need assistance or clinical intervention. Comparing the acceptance stage with the synthesis stage, where there are higher levels of well-being, could uncover reasons for the decline in well-being experienced by acceptance stage people. The tolerance and acceptance stages showed equivalent well-being, but there were fewer tolerance participants. The acceptance and synthesis stages had the highest participant numbers in Study 1. I therefore expected to recruit enough acceptance and synthesis participants to provide a large sample size. In turn, this would allow reliable conclusions to be drawn about the reasons for the differences in well-being. These stages also represent core theoretical transition periods through the homosexual identity formation process as described by Cass (1979). These stages allow further expansion of the work of Brady and Busse (1994). Brady and Busse had focussed primarily on the middle to late stages of HIF, so focussing on the acceptance and synthesis stages in the current study would allow for a comparison of findings. Finally, the recruitment rate of participants in the early stages of HIF was relatively low in Study 1, and this has been found in a range of other studies (e.g., Cass, 1979; Brady & Busse, 1994). Therefore, conducting research on the acceptance and synthesis participants was both more viable and more likely to highlight the reasons why middle stages of HIF are associated with poorer well-being.

The main aim of Study 2 was to explore acceptance participants' poorer psychosocial well-being compared to synthesis participants. Why do these HIF stage differences in well-being exist? When are the differences in well-being most apparent? The first question involved an investigation of potential *mediators* of the relationship

between HIF stage and well-being. The second question involved an investigation of potential *moderators* of the relationship between HIF stage and well-being.

Potential Mediation of the Effects of HIF Stage on Well-Being

The question of *why* the HIF stage differences in well-being exist can be examined using mediation analysis. Baron and Kenny (1986) described mediation as “the generative mechanism through which the focal independent variable is able to influence the dependent variable of interest” (p. 1173). That is, can the effect of the independent variable (HIF stage) on the outcome variable (psychosocial well-being) be explained by a mediating variable? Figure 4.1 depicts the causal chain involved in mediation.

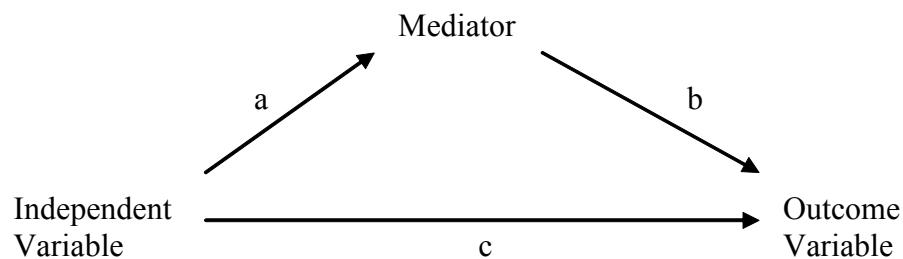


Figure 4.1. Causal chain involved in mediation (adapted from Baron & Kenny, 1986).

Baron and Kenny (1986) indicate that a variable functions as a mediator when three conditions are fulfilled. First, the variations in the independent variable significantly account for variations in the potential mediator (Path a in Figure 4.1). That is, HIF stage must exert a significant effect on the potential mediator. Second, variations in the mediator must significantly account for variations in the dependent variable of interest (Path b in Figure 4.1). That is, the mediator must account for differences in

psychosocial well-being. Finally, when the effects of the potential mediator are controlled (Path c in Figure 4.1), the effect of the mediator on the dependent variable must remain significant while the effect of the independent variable on the dependent variable must lose significance. That is, when the mediator is included as a covariate in an ANCOVA, the effect of the mediator on psychosocial well-being should remain significant, but the effect of HIF stage on psychosocial well-being should no longer be significant. Sobel's (1982) test is used to determine whether any mediating effect is statistically significant. The Sobel's test is a significance test in which a z score is calculated, in order to determine whether the indirect effect of the independent variable on the dependent variable by means of the mediator is significantly different from zero. Four potential mediators of well-being were chosen for Study 2: closeting; identification with the in-group; perceived group status; and collective self-esteem.

Closeting

Individuals in the middle stages of HIF begin the process of disclosing their sexual identity to others (Cass, 1979, 1984b, 1996). The individual begins to initiate social contacts with other gay people and takes the first steps towards developing a gay identity that is acknowledged to others. The developmental tasks of the middle HIF stages therefore differ from the tasks of the early and late HIF stages. The early stages are associated with a personal acknowledgement of homosexual feelings, whereas the middle stages are associated with commencement of social expression of these feelings (Cass, 1979). During the process of selective disclosure the individual risks the loss of existing social ties through rejection. In addition, the individual is unsure of how easy the transition to belonging in the gay social group will be.

According to Cass (1979), individuals often conceal or *closet* the emerging gay identity as they attempt to retain current (heterosexual) social ties while developing a new (and often inconsistent) social identity. This creates a discrepancy between how the individual sees the self and how others perceive the self – a discrepancy that the individual has insight into. The late stages involve the development of consistency between personal identity and the gay social identity (Cass, 1979), so synthesis participants are less likely to rely on closeting than acceptance participants. This would be consistent with Caplin's (1997) finding that individuals in the middle stages of HIF were less likely to disclose the gay identity than individuals in the late stages of HIF.

There is some evidence that closeting can be protective in certain situations. For example, gay and bisexual men who closeted their sexual identity in their workplaces had less pronounced negative affect and lower levels of salivary cortisol (a hormone produced through the stress response) than those who closeted their sexual identity (Huebner & Davis, 2005). However, the majority of research evidence suggests that closeting has substantial negative effects for the individual. The individual can develop an obsessive preoccupation with maintaining secrecy (Wegner & Lane, 1995), and tends to be subject to a high level of stress (Rosario et al., 2001). Gay men who closet their gay identity have consistently poorer health outcomes than those who do not closet, including increased rates of cancer and infectious diseases even when demographic, psychological and health-related behaviours are controlled (Cole, Kemeny, Taylor, & Visscher, 1996). Closeting of gay identity is also associated with an accelerated course of illness progression in HIV positive men (Cole, Kemeny, Taylor, Visscher, & Fahey, 1996; Cole, Kemeny & Taylor, 1997). Furthermore, revealing one's gay identity, rather than closeting it, has been associated with improved relationships (Beals & Peplau,

2001), improved job satisfaction (Day & Schoenrade, 1997, 2000), and better family support (Kadushin, 2000).

The selective disclosure process characteristic of the middle stages of HIF (Cass, 1979) is highly likely to be associated with closeting, which in turn has been associated with detrimental effects to physical, emotional, and social well-being. I predicted that closeting would mediate the relationship between HIF stage and well-being. That is, acceptance participants would have poorer psychosocial well-being because they closet more than synthesis participants, and closeting is associated with poorer well-being.

In-Group Identification

Social identity theory (Tajfel & Turner, 1979) is a useful theoretical framework within which to explore the social factors that influence identity development during the middle HIF stages. According to social identity theory, membership of a social category brings with it a social identity that defines the part of an individual's self-concept that is connected with the social category. This *social identity* involves defining and evaluating the self as a group member, as well as being defined and evaluated by others in terms of this social group membership. In the case of gay social identity, the individual belongs to the gay social group, defines the self as belonging to this group, behaves as a member of the group, and evaluates the self in terms of this group membership. Consistent with the literature in this area, I will refer to the extent to which the group member identifies with the group as *in-group identification*.

It is likely that in-group identification would vary throughout the HIF process, particularly as the HIF model argues that homosexual identity gradually develops from a dawning awareness that the self could possibly be gay, to a fully synthesised self-image as being gay. The acceptance stage is associated with gradually developing social

and emotional connections with other gay people, whereas the synthesis stage is associated with an established sense of a gay social and personal identity (Cass, 1979). This would suggest that acceptance people⁹ have not yet fully accepted the gay identity as part of their self-concept whereas synthesis people have. I therefore predicted that acceptance people would identify less strongly with the gay group than synthesis participants.

Interestingly, in-group identification appears to protect the group member from many detrimental effects of rejection even within a low status minority group. This is likely to be related to a sense of solidarity with other group members, less isolation, and greater perceived availability of emotional and instrumental support from other in-group members. The protective effect of in-group identification on well-being has been consistently shown for many minority groups. For example, the extent of in-group identification mediated the negative effects of perceived racial prejudice on well-being in a study of 139 African American participants. High identifiers reported better well-being in the face of prejudice than did low identifiers (Branscombe, Schmitt, & Harvey, 1999). In-group identification also mediated the effects of gender discrimination on psychological well-being for women but not men, presumably due to the relative social positions of the female and male genders (Schmitt, Branscombe, Kobrynowicz & Owen, 2002). Women exposed to gender discrimination who were high identifiers had higher levels of well-being than women exposed to gender discrimination who were low identifiers. Finally, a study of 99 international students found that perceived prejudice was associated with poor psychological well-being and this effect was mediated by in-group identification. Participants who identified strongly were less adversely affected by perceived discrimination and demonstrated better well-being (Schmitt, Spears, &

⁹ For the sake of brevity, the term “acceptance people” is used to denote people who are in the acceptance stage of HIF. The term “synthesis people” is used to denote people who are in the synthesis stage of HIF.

Branscombe, 2003). These studies provide evidence that members of low status groups use in-group identification as an identity management strategy to buffer against negative consequences of group membership. Few studies have specifically examined the relationship between in-group identification and well-being in gay men. However, Greywolf (2007) found that the extent of social support available to gay men and lesbians correlated positively with positive feelings about the individual's gay or lesbian identity.

Study 1 found that synthesis participants reported higher levels of well-being than acceptance participants. It is possible that synthesis participants identified more strongly with the in-group than acceptance participants, and that this relatively high level of in-group identification protected them from some of the negative consequences of membership in a low status social group. I therefore predicted that in-group identification would mediate the effects of stage on well-being. That is, acceptance participants would have lower well-being because they identify less with the in-group.

Perceived Group Status

A basic assumption of social identity theory is that people attempt to achieve a positively valued social identity (Tajfel & Turner, 1979). Relative social status of the in-group and out-group play a large role in determining the extent to which the associated social identity is positive or negative (Doosje, Spears & Ellemers, 2002; Ellemers, Doosje, van Knippenberg & Wilke, 1992). In high status groups, group members are motivated to identify strongly with their group because membership of a prestigious group fulfils this need for a positive social identity (Ellemers et al., 1992). However, in low status groups, group members may not automatically achieve this sense of positive social identity.

Social identity theory's assumption about the relationship between group status and the positivity of associated identities is relevant to the present research because the gay social group is a low status minority group often subjected to social prejudice (Otis & Skinner, 1996; Russell & Gray, 1992). Hence, according to social identity theory, membership in the gay group is liable to lead to a negative social identity, which in turn could lead to impaired psychosocial well-being. The Cass (1979) HIF model suggests that individuals progress through stages sequentially. Hence, the acceptance people would be more likely to maintain beliefs prevalent within heterosexual society regarding the gay social group than synthesis people. Synthesis people have been disassociated from the 'default' majority straight group's norms and exposed to the gay group's norms for a longer period of time than acceptance people. I therefore predicted that acceptance participants would rate the gay group as having lower status than synthesis participants, who would rate the gay group as having higher status. I further predicted that perceived gay group status would mediate the effects of stage on well-being. That is, acceptance participants have lower well-being because they perceive the gay group as having lower status.

Collective Self-Esteem

Collective self-esteem refers to the value that individuals place on the in-groups to which they belong (Luhtanen & Crocker, 1991). Collective self-esteem is related to group status, in that membership of a high status social group is likely to be associated with high collective self-esteem.

The primary components of collective self-esteem include membership esteem, public esteem, private esteem, and importance to identity (Luhtanen & Crocker, 1992). Membership esteem relates to how worthy individuals feel as group members, and is the

aspect of collective self-esteem that is most closely related to individual self-esteem (Luhtanen & Crocker, 1992). Public esteem relates to the individual's judgments of how others evaluate the relevant social category. Private esteem relates to the individual's own evaluation of the social category. Importance to identity relates to how important the relevant social category is to the individual's overall self-concept.

Several studies have investigated the relationship between collective self-esteem and well-being in minority groups exposed to prejudice and discrimination. Mokgathe and Schoeman (1998) investigated predictors of well-being in 59 black South African students. They found that collective self-esteem predicted satisfaction with life, suggesting that collective self-esteem is highly related to well-being. In a similar study, Verkuyten and Lay (1998) investigated predictors of psychological well-being in 98 adolescents of Chinese origin living in the Netherlands. They found that collective self-esteem mediated the effects of social status on well-being, suggesting that those with high collective self-esteem showed less detrimental effects of low-status group membership on well-being than those with low collective self-esteem. Similarly, collective self-esteem mediated the effects of membership of a devalued social group on emotional well-being (Katz, Joiner & Kwon, 2002). Bettencourt and Dorr (1997) investigated the effects of allocentrism¹⁰ on subjective well-being including satisfaction with life in a sample of 210 undergraduates. They found that the private and public components of collective self-esteem mediated the effects of allocentrism on subjective well-being, suggesting that collective self-esteem is related to greater satisfaction with life, even where the individual's collectivist orientation is inconsistent with the social majority. Taken together these findings provide evidence that collective self-esteem is associated with better well-being in minority groups including those with negatively

¹⁰ The extent to which an individual from an individualistic culture adopts a collectivist orientation to life (Triandis, Bontempo, Villareal, Asai & Lucca, 1988).

evaluated social identities. Collective self-esteem has also been shown to moderate the relationship between perceived discrimination and distress in women, with distress less evident in those with high collective self-esteem (Corning, 2002; Fischer & Holz, 2007).

Few studies have investigated collective self-esteem in gay and lesbian populations. One exception was the study conducted by Zea, Reisen, and Poppen (1999), who investigated collective self-esteem and well-being amongst 106 Latino gay men and lesbians. They found that high levels of private and membership collective self-esteem were associated with positive mental health. In contrast, depression was associated with higher ratings of the importance to identity component of collective self-esteem. A similar study investigated the relationships between collective self-esteem, stigma, internalised homonegativity, 'outness' and their effects on subjective well-being in a sample of 164 gay and bisexual men (Knight, 2007). Each variable was related to subjective well-being. Of relevance to the current study, high collective self-esteem was associated with better subjective well-being. These findings suggest that variations in collective self-esteem within gay men and lesbians are associated with differences in mental health.

One small study provided evidence that collective self-esteem varies according to stage of gay identity (Stout, 2001). This study investigated group differences in eating disorder symptoms, body dissatisfaction, self-esteem, and collective (social group) self-esteem in heterosexual men and women, gay men, and lesbians (total $N = 84$). One of the peripheral findings of this study was that collective self-esteem was higher for late stage gay men and lesbians than early stage gay men and lesbians. Unfortunately neither Zea et al. (1999) nor Knight (2007) categorised participants according to the HIF stages, so there has been no replication of Stout (2001). However,

based on this preliminary evidence I predicted that synthesis participants would have higher collective self-esteem than acceptance participants.

I therefore predicted that collective self-esteem would mediate the effects of stage on psychosocial well-being. That is, acceptance participants would have lower well-being because they have lower collective self-esteem.

Potential Moderation of the Effects of HIF Stage on Well-Being

A moderation analysis can assist in answering the question of when the HIF stage differences in well-being are most prominent. Baron and Kenny (1986) described a moderator variable as one that “affects the direction and/or strength of the relation between an independent or predictor variable and a dependent or criterion variable” (p. 1174). Is the effect of the independent variable (HIF stage) on the dependent variable (psychosocial well-being) affected by variations in a potential moderating variable?

Figure 4.2 depicts the moderator model.

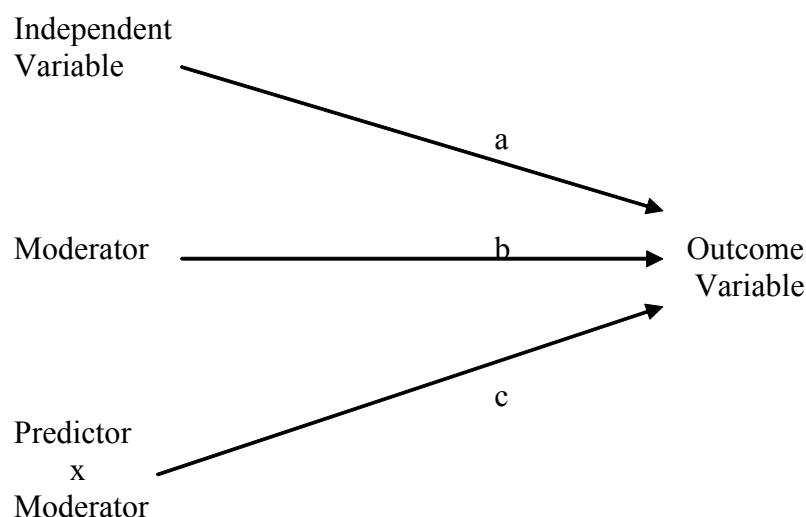


Figure 4.2. Moderator model (adapted from Baron & Kenny, 1986).

Baron and Kenny (1986) described three causal paths that contribute to an outcome variable. The first path represents the main effect of the independent variable on the outcome variable (Path a in Figure 4.2); that is, the main effect of HIF stage on well-being. The second path is the main effect of the potential moderator on the outcome variable (Path b in Figure 4.2); that is, the main effect of the moderator on well-being. Neither Path a nor Path b represent a moderating effect (although they may still be present where a moderating relationship exists). The third path represents the interaction between the independent variable and the moderator on the outcome variable (Path c in Figure 4.2); that is, an interaction effect of HIF stage and the moderator on well-being. In the present study, I investigated perceived group permeability as a potential moderator of the effect of HIF stage on well-being.

Perceived Group Permeability

Tajfel and Turner (1979) defined the permeability of group boundaries as the extent to which group members are able to leave one group and join another. There is a subtle but important distinction between group permeability and perceived group permeability. Group permeability refers to the extent to which group members are able to leave their in-group to join another (Tajfel & Turner, 1979). Perceived group permeability refers to the extent to which group members believe they could leave their group and join another group. If the group member makes an accurate appraisal of group permeability, then actual group permeability and perceived group permeability will be congruent. However, if there is an inaccurate appraisal of group permeability there would be a discrepancy between actual and perceived group permeability. An example would be if an individual belonged to a highly permeable group but perceived movement to be impossible. It is extremely difficult to manipulate actual group

permeability in experimental designs within a naturalistic setting (as in the case of the current study). I therefore aim to investigate perceived group permeability as a potential moderator of the relationship between HIF stage and psychosocial well-being.

Members of low status groups with permeable boundaries see membership of a higher status group as being possible. They tend to be less satisfied with their group membership and therefore express lower levels of in-group identification. In contrast, members of low status groups with impermeable boundaries do not see membership of a higher status group as being possible. They tend to identify strongly with the group and attempt to raise the status of the group as a whole (Ellemers, 1993; Ellemers, Van Knippenberg & Wilke, 1990; Ellemers, van Knippenberg, de Vries & Wilke, 1988). Group members also tend to feel more connected with other group members when group boundaries are perceived to be impermeable. Members of groups with less permeable boundaries have more favourable attitudes toward their in-group and are more highly identified with the in-group (e.g., Ellemers, Wilke, & van Knippenberg, 1993). Groups with impermeable boundaries are more cohesive than groups with more permeable boundaries (e.g., Ellemers et al., 1988, 1992, 1993).

In-group members respond to threats to the in-group differently depending on perceived permeability of group boundaries. When group boundaries are perceived to be permeable, in-group members distance themselves from the group, whereas when group boundaries are perceived to be impermeable, in-group members identify strongly with the group and derogate the source of the threat (Dechesne, Janssen, & van Knippenberg, 2000).

I predicted that manipulating the level of perceived group permeability of the gay-straight groups would alter the level of identification shown by gay people. Specifically, I predicted that there would be a main effect of group permeability on in-

group identification such that people would have stronger in-group identification when group boundaries were perceived to be impermeable than when group boundaries were perceived to be permeable. In contrast, I predicted that when group boundaries were perceived to be highly permeable acceptance stage participants would de-identify with the gay group.

Summary of Hypotheses

In summary, I predicted that the effect of HIF stage on well-being would be mediated by closeting, in-group identification, perceived gay group status, and/or collective self-esteem. I predicted that there would be a main effect of perceived group permeability on in-group identification, with low perceived group permeability associated with stronger identification. Finally, I predicted that perceived group permeability would moderate the effect of HIF stage on well-being. Specifically, the difference in well-being related to HIF stage would be most evident under low permeability conditions.

Method

Participants

The participants were 199 gay males. The sample ranged in age from 15 to 65 years ($M = 31.25$). Nationalities of the sample are provided in Table 4.1.

Table 4.1

Nationalities of the Sample

| Nationality | Number | % of Sample |
|---------------------------|--------|-------------|
| United States of America | 77 | 38.69 |
| Australia and New Zealand | 91 | 45.73 |
| Europe | 3 | 1.51 |
| United Kingdom | 13 | 6.53 |
| Canada | 13 | 6.53 |
| Asia | 2 | 1.01 |

Participants' self-reported occupations were classified according to the Australian Standardised Classification of Occupations (Australian Bureau of Statistics, 1997). This information is summarised in Table 4.2. The distribution of occupations was similar to that observed in Study 1.

Table 4.2

Occupations of the Sample

| ASCO Occupation Group | Number | % of Sample |
|---|--------|-------------|
| Managers and administrators | 21 | 10.55 |
| Professionals | 41 | 20.60 |
| Associate professionals | 30 | 15.08 |
| Tradespersons and related workers | 8 | 4.02 |
| Advanced clerical and service workers | 6 | 3.02 |
| Intermediate clerical, sales, and service workers | 20 | 10.05 |
| Intermediate production and transport workers | 3 | 1.51 |
| Elementary clerical, sales, and service workers | 20 | 10.05 |
| Labourers and related workers | 2 | 1.01 |
| Students and retired | 40 | 20.10 |
| Unemployed | 5 | 2.51 |
| Not Stated | 3 | 1.51 |

The procedure for advertising and recruitment for Study 2 was essentially the same as that used in Study 1. The main difference was that the internet advertisements asked for participation from “gay men” rather than “men sexually attracted to other men” as in Study 1. This difference was intended to encourage participation from gay men in the middle and late stages of homosexual identity formation, when individuals identify with being part of the gay social group.

The Study’s website statistics indicated that there had been 375 visits to the initial information page throughout the recruitment period, resulting in a yield of 199 participants who completed the entire study. This equated to an approximate

participation rate of 53.07%¹¹, which was less than the 64.89% participation rate of Study 1. This raised the possibility of participant fatigue due to the greater length and requirements placed upon participants in Study 2 compared with Study 1.

Procedure

Participants completed an initial set of questionnaires that gathered demographic data, rated the participant's perception of his sexual orientation, and allocated participants to one of the HIF stages. Participants were then randomly allocated to either the high perceived group permeability condition, the low perceived group permeability condition, or a neutral perceived group permeability condition. Following this, participants completed a second set of questionnaires assessing the potential mediators, potential moderator, and the well-being dependent variable. Details of these procedures are discussed below in order of administration.

Demographic Data

Each participant provided information including age, nationality and occupation.

Sexual Orientation Ratings and Closeting

Each participant rated his own sexual orientation on a 12-point Likert-type scale ranging from 1 (*totally straight*) to 12 (*totally gay*). He then rated how he thought other people would rate his sexual orientation using the same 12-point scale. The difference between these two items was used as a measure of closeting. For example, a participant might rate his own sexual orientation as 11, but thought that others would rate his orientation as 1. This would result in a high closeting score of $11 - 1 = 10$. In contrast,

¹¹ Note that the exact participation rate is difficult to calculate as some participants might have visited the information page several times before completing the study itself.

another participant might rate his own sexual orientation as 12, but thought that others would rate his orientation as 10. This would result in a low closeting score of $12 - 10 = 2$.

Gay Identity Questionnaire

The GIQ was again used to categorise participants according to HIF stage. This measure is described fully in Study 1.

Experimental Manipulation

Participants were randomly allocated to one of three perceived group permeability conditions: low perceived group permeability; high perceived group permeability; and a neutral condition. In the high perceived group permeability and low perceived group permeability conditions, participants read a brief paragraph before proceeding to the second set of questions. In the neutral condition the participants simply proceeded to the second set of questionnaires without reading a paragraph. The manipulation paragraphs were of equivalent length (around 180 words) and readability. They are provided in full below.

Low perceived group permeability manipulation. Participants in the low perceived group permeability condition read a paragraph that described sexual orientation as being largely innate, with movement between the gay and straight groups being impossible:

Compelling evidence indicates that homosexuality is an innate characteristic of the individual, present from birth. Therefore, a person born ‘gay’ cannot become ‘straight’ and vice versa. The following extract from Bailey and Pillard (1995) provides a discussion of such research:

Science is rapidly converging on the conclusion that sexual orientation is innate. It has found that homosexuals often act differently from heterosexuals in early childhood, before they have even heard of sex. A recent study by Simon LeVay, a neurobiologist at the Salk Institute, reported a difference in the hypothalamus, a part of the brain that develops at a young age, between homosexual and heterosexual men... Our own research has shown that male sexual orientation is substantially genetic. Over the last two years, we have studied the rates of homosexuality in identical and non-identical twin brothers of gay men, as well as adoptive brothers of gay men. Fifty-two percent of the identical twin brothers were gay, as against 22 percent of non-identical twins and 11 percent of the adoptive, genetically unrelated brothers... In contrast, research on social factors has been fruitless...¹.

¹Extract from Bailey, M., & Pillard, R. (1995). Are some people born gay? In R. M. Baird and M. K. Baird (Eds.), *Homosexuality: Debating the issues*. (pp. 83-84). New York: Prometheus Books.

High perceived group permeability manipulation. Participants in the high perceived group permeability condition read a paragraph that described sexual orientation as being largely a matter of choice, with relatively easy movement between the gay and straight groups:

Research in the area of sexual identity continually demonstrates that sexual orientation is usually characterised by two distinct categories of 'gay' and 'straight'. However, it is increasingly clear that individuals are able to move with

relative ease between these categories. Even very early research such as that of Kinsey found that 36.1% of the men interviewed had engaged in homosexual activity, 13.3% of men experienced homosexual fantasies whilst masturbating, and 13.9% of men experienced homosexual dreams¹. Compared to estimates that exclusively gay sexual orientation accounts for less than 10% of the male population², it is clear that for many men sexual expression is not bound within rigid definitions. Rather, men have varied sexual experiences and feelings throughout their lives; sometimes these experiences are labelled as 'gay' and sometimes as 'straight'.

Such compelling evidence indicates that homosexuality is not an innate characteristic of the individual, present from birth. Rather, the concepts of 'gay' and 'straight' are categories of sexual behaviour, feelings and identity. Any individual may be incorporated under either label at different times in his life.

¹Gebhard, P. H., & Johnson, A. B. (1979). *The Kinsey data: Marginal tabulations of the 1938-1963 interviews conducted by the Institute for Sex Research*. Bloomington, Indiana: Indiana University Press.

²Le Vay, S. (1995). Sexual orientation and its development. In R. M. Baird and M. K. Baird (Eds.), *Homosexuality: Debating the issues*. (pp. 83-84). New York: Prometheus Books.

Group Identification Scale

The group identification scale (Karasawa, 1991, 1995) is a 7-item scale that is designed to assess several aspects of group identification. The scale was adapted for the

current study by rewording items so that they related to membership of the gay social group. Participants rated their endorsement of each item using a 12-point Likert-type scale ranging from 1 (*extremely accurate*) to 12 (*extremely inaccurate*). The anchor point statements differed for each question; for example, for some items the anchor statements were 1 (*extremely good*) to 12 (*extremely bad*). The instrument consists of a group identification subscale, which is itself comprised of two further subscales assessing cognitive identification and affective identification. Group identification is conceptualised as assessing identification with group membership. Cognitive identification relates to the extent to which people have knowledge of belonging to the social category. An example of a cognitive identification item is, “How accurate would it be if you were described as a typical gay man?” Affective identification reflects the emotional significance of the membership to the participant’s social identity. An example of an affective identification item is, “How good would you feel if you were described as a typical gay man?” There is also a member identification subscale, which assesses identification with other group members. An example of a member identification item is, “How many gay men have influenced your thoughts and behaviours?”

Karasawa (1991) reported that the scale consisted of two factors, one loading on the group identification subscale and the other loading on the member identification subscale. This factor structure is consistent with Turner (1982), who argued that identification with the group and identification with group members should be distinguished.

Collective Self-Esteem Scale

The Collective Self-esteem Scale (Luhtanen & Crocker, 1992) is a 16-item scale that is designed to assess collective self-esteem related to the individual's social group memberships. The scale consists of four subscales, each assessing a different component of collective self-esteem: membership esteem, public esteem, private esteem, and importance of the social identity. The membership esteem subscale items measure how worthy people feel as group members, for example, "I am a worthy member of this group". The public esteem subscale items measure how positive people believe that others feel about the relevant social category, for example, "Overall, this group is considered good by others". The private esteem subscale items measure the individual's own judgments of the social category in question, for example, "I often regret that I belong to this group". The importance to identity subscale items measure the importance of the relevant social category to people's overall self-concept, for example, "Overall, my group membership has very little to do with how I feel about myself". The wording of items was modified to be applicable to the gay in-group.

Participants responded to each item using a 7-point Likert-type scale, rating their agreement with each statement from 1 (*strongly disagree*) to 7 (*strongly agree*).

Luhtanen and Crocker (1992) carried out three studies to assess the psychometric properties of the CSES and found that reliability was high for each subscale (α s ranging from .73 to .80) as well as the total scale ($\alpha = .85$). Test-retest correlations after six weeks were adequate (r s ranging from .58 to .68 for each subscale; $r = .68$ for the total scale).

Satisfaction with Life Scale

The Satisfaction with Life Scale (Diener et al., 1985) is described fully in Study 1. I only used one measure of well-being in the current study in order to minimise the demands placed upon participants. The Satisfaction with Life Scale was chosen to measure of well-being because acceptance participants and synthesis participants differed significantly on the scale in Study 1. Further, the scale correlated highly with the other well-being measures in Study 1, was very brief (five items), and has excellent reliability and validity.

Group Status Measures

Participants rated their perception of the status of the gay group and status of the straight group on separate 12-point Likert-type scales, with gradations ranging from 1 (*very low status*) to 12 (*very high status*). Similar Likert-type ratings have been used successfully in other investigations of group characteristics such as status and power (e.g. Lücken & Simon, 2005).

Group Permeability Manipulation Checks

Participants rated two aspects of group permeability on separate 12-point Likert scales, with gradations ranging from 1 (*fixed and unchangeable*) to 12 (*variable and changeable*). Participants rated (a) their own perceptions of group permeability, (b) “most people’s” perceptions of group permeability. Participants also rated the manipulation paragraph persuasiveness on a Likert-type scale ranging from 1 (*not at all*) to 12 (*highly*).

Results

Categorising Participants According to Identity Stage

The GIQ demonstrated excellent reliability for both the acceptance subscale ($\alpha = .85$) and the synthesis subscale ($\alpha = .85$). This was consistent with the reliability findings reported in Study 1. Table 4.3 provides the number of participants in each HIF stage and perceived group permeability condition.

Table 4.3

Participant Distribution by HIF Stage and Perceived Group Permeability

| HIF Stage | Perceived Group Permeability Condition | | | Total |
|------------|--|---------|------|-------|
| | Low | Neutral | High | |
| Acceptance | 22 | 24 | 26 | 72 |
| Synthesis | 41 | 46 | 40 | 127 |
| Total | 63 | 70 | 66 | 199 |

As shown in Table 4.3, participant numbers were comparable in each perceived group permeability condition. As in Study 1, there were more synthesis participants than acceptance participants.

Manipulation Checks

I used a 2 (HIF stage: acceptance/synthesis) x 2 (perceived group permeability: low/high) MANOVA to check the effectiveness of the permeability manipulation. The dependent variables included the manipulation paragraph persuasiveness, participants' own perceptions of group permeability, and participants' ratings of "most people's" perceptions of group permeability. The multivariate test revealed a significant main

effect of perceived group permeability, Pillai's trace = .10; $F(3, 123) = 4.30, p < .01$.

The multivariate test revealed no significant main effect of HIF stage, nor a significant interaction between HIF stage and perceived group permeability, $ps > .06$. Subsequent ANOVAs revealed a significant main effect of permeability condition on manipulation paragraph persuasiveness, $F(1, 125) = 9.13, p < .01$. Unexpectedly, participants rated the low perceived group permeability paragraph as more persuasive ($M = 8.14$) than the high perceived group permeability paragraph ($M = 6.64$). This result introduced a potential confound, because the manipulation paragraphs were perceived to be unequally persuasive. To manage this potential confound, manipulation paragraph persuasiveness was added as a covariate in all analyses described below. The covariate never reached significance in any of these analyses and the results remained similar regardless of whether the covariate was added or not.

Effects of HIF Stage and Perceived Group Permeability on Well-Being

The Satisfaction with Life Scale demonstrated excellent reliability ($\alpha = .88$), providing evidence that well-being was measured reliably. I conducted a 2 (HIF stage: acceptance/synthesis) x 3 (perceived group permeability: low/neutral/high) ANOVA on satisfaction with life. There was a main effect of stage, $F(1, 193) = 27.01, p < .01$. As predicted, synthesis participants reported greater satisfaction with life ($M = 22.94$) than acceptance participants ($M = 17.15$). This replicated the findings reported in Study 1. There was no main effect of perceived group permeability, $F(2, 193) = .97, p = .38$. Perceived group permeability therefore did not influence well-being. Contrary to predictions, there was no interaction between perceived group permeability and stage, $F(2, 193) = .88, p = .42$. Perceived group permeability therefore did not act as a moderator of the effect of stage on well-being.

Potential Mediation of the Effect of Stage on Well-Being

Closeting

The criterion group validity of the closeting scale was assessed using a series of one-sample t-tests. The first t test examined whether participants' ratings of their own sexual orientation differed significantly from the neutral midpoint of the scale (6.5). As expected, acceptance participants rated themselves as gay. There was a significant difference between the scale midpoint and their ratings of their own sexual orientation at the gay end of scale ($M = 10.28$), $t(71) = 15.28, p < .01$. As expected, synthesis participants also rated themselves as gay. There was a significant difference between the scale midpoint and their ratings of their own sexual orientation at gay end of scale, $t(126) = 30.84, p < .01, M = 10.97$. These results demonstrated that both acceptance and synthesis participants saw themselves as gay and provide evidence for the criterion validity of the GIQ.

The second set of one-sample t-tests compared the midpoint of the scale (6.5) to each participant's rating of how he thought others perceived his sexual orientation. Acceptance participants reported a significant difference between the scale midpoint and their rating of others' perceptions of their sexual identity, $t(71) = -7.42, p < .01$. Interestingly, acceptance participants rated others' perceptions as falling at the straight end of the scale ($M = 4.21$). Acceptance participants therefore believed that others perceived them to be significantly at the straight end of the scale. Synthesis participants also reported a significant difference between the scale midpoint and their rating of others' perceptions of their sexual identity, $t(126) = 4.09, p < .01$. In contrast to acceptance participants, synthesis participants rated others' perceptions as falling at the gay end of the scale, $M = 7.69$.

I conducted a mediation analysis to explore whether the effect of stage on satisfaction with life was mediated by participants' ratings of their own sexual orientation; their ratings of others' perception of their orientation; or the closeting index (obtained by calculating the difference between the participant's rating of his own sexual orientation his rating of other's perception of his sexual orientation). The first condition of the mediation analysis (Path a in Figure 4.1) requires that the independent variable (HIF stage) accounts for variations in the potential mediators (ratings of own sexual orientation, ratings of other's perceptions of sexual orientation, or the closeting index). I conducted a one-way MANOVA using HIF stage as the independent variable, and participants' ratings of their own sexual orientation, their ratings of others' perception of their orientation, and the closeting index as the dependent variables. (Note that perceived group permeability was not used as in independent variable in this analysis as the closeting measures were assessed prior to the experimental manipulation). The multivariate test revealed a significant main effect of stage, Pillai's trace = .24; $F(2, 196) = 31.50, p < .01$. There was a main effect of stage on ratings of own sexual orientation, $F(1, 197) = 6.66, p = .01$. As predicted, synthesis participants rated themselves as more gay ($M = 10.97$) than acceptance participants ($M = 10.28$). There was also a main effect of stage on ratings of others' perceptions of sexual orientation, $F(1, 197) = 59.81, p < .01$. As predicted, synthesis participants thought others would rate them as gay ($M = 7.69$) to a greater extent than did acceptance participants ($M = 4.21$). There was also a main effect of stage on the closeting index, $F(1, 197) = 30.86, p < .01$. As predicted, acceptance participants closeted significantly more ($M = 6.07$) than synthesis participants ($M = 3.28$). The first condition for mediation was therefore met for each of the closeting dependent variables.

The second condition of the mediation analysis (Path b in Figure 4.1) requires that variations in the potential mediator (ratings of own sexual orientation, ratings of other's perceptions of sexual orientation, or the closeting index) must significantly account for variations in the dependent variable of interest (satisfaction with life). Contrary to this requirement, a correlation analysis revealed no significant correlations between satisfaction with life and participants' ratings of their own sexual orientation ($r = .03, p = .72$), participants ratings of others' perceptions of their sexual orientation ($r = .12, p = .09$), or the closeting index ($r = -.10, p = .17$). Hence, contrary to predictions, closeting did not mediate the relationship between stage and well-being.

In-Group Identification

The Group Identification Scale demonstrated poor reliability (α s ranged from .48 for the group identification scale to .65 for the affective identification scale). I conducted a mediation analysis to explore whether the effect of stage on satisfaction with life was mediated by any of the group identification measures. The first condition of the mediation analysis (Path a in Figure 4.1) requires that the independent variable (HIF stage) accounts for variations in the potential mediators (cognitive identification, affective identification, group identification or member identification). A 2 (HIF stage: acceptance/synthesis) x 3 (perceived group permeability: low/neutral/ high) MANOVA was conducted with cognitive identification, affective identification, group identification and member identification as the dependent variables. The multivariate test revealed no main effect of perceived group permeability, and no interaction between HIF stage and perceived group permeability, $ps > .09$. The multivariate test revealed a significant main effect of HIF stage, Pillai's trace = .27; $F(3, 191) = 23.22, p < .01$. There was a main effect of stage on cognitive identification, $F(1, 193) = 14.51, p$

< .01. As predicted, synthesis participants showed stronger cognitive identification ($M = 17.09$) than acceptance participants ($M = 14.79$). There was also a main effect of stage on affective identification, $F(1, 193) = 57.49, p < .01$. As predicted, synthesis participants showed stronger affective identification ($M = 23.30$) than acceptance participants ($M = 15.61$). There was also a main effect of stage on group identification, $F(1, 193) = 68.66, p < .01$. As predicted, synthesis participants showed stronger group identification ($M = 40.39$) than acceptance participants ($M = 30.40$). In contrast to predictions, there was no significant difference between acceptance participants and synthesis participants on membership identification, $F(1, 193) = .03, p = .87$. The first condition for mediation was therefore met for the following potential mediators: cognitive identification, affective identification, and group identification.

The second condition of the mediation analysis (Path b in Figure 4.1) requires that variations in the potential mediator (cognitive identification, affective identification, or group identification) must significantly account for variations in the dependent variable of interest (satisfaction with life). Contrary to this requirement, a correlation analysis revealed no significant correlations between satisfaction with life and cognitive identification ($r = .08, p = .50$), affective identification ($r = .05, p = .66$), or group identification ($r = .08, p = .50$). Hence, contrary to predictions, group identification did not mediate the relationship between stage and well-being.

Perceived Group Status

I conducted a mediation analysis to explore whether the effect of stage on satisfaction with life was mediated by participants' ratings of the gay group's status or the straight group's status. The first condition of the mediation analysis (Path a in Figure 4.1) requires that the independent variable (HIF stage) accounts for variations in

the potential mediators (perceived gay group status and perceived straight group status). I conducted a 2(stage: acceptance/synthesis) x 3(perceived group permeability: low/neutral/high) x 2(status target: gay group/straight group) mixed model ANOVA with repeated measures on the status factor. There was a significant effect of status target, Pillai's trace = .60; $F(1, 193) = 284.14, p < .01$. Participants rated the straight group as higher in status ($M = 9.38$) than the gay group ($M = 5.55$). There was also a significant interaction between status target and HIF stage, Pillai's trace = .05; $F(1, 193) = 9.47, p < .01$. As predicted, synthesis participants rated the gay group as having higher status ($M = 5.94$) than did acceptance participants ($M = 4.88$)¹². The first condition for mediation was therefore met for gay status ratings, but not for straight status ratings.

The second condition of the mediation analysis (Path b in Figure 4.1) requires that variations in the potential mediator (perceived gay group status) significantly account for variations in the dependent variable of interest (satisfaction with life). There was a significant correlation between satisfaction with life and participants' ratings of gay status ($r = .21, p < .01$). Hence, the second requirement for mediation was met by the perceived gay group status ratings.

The final requirement for mediation is that when the effects of the potential mediator are statistically controlled, the effect of the mediator (perceived gay group status) on the dependent variable (satisfaction with life) should remain significant, but the effect of the independent variable (HIF stage) on the dependent variable (satisfaction with life) (Path c in Figure 4.1) must lose significance. I conducted a 2(stage: acceptance/synthesis) x 3(perceived group permeability: low/neutral/high) ANCOVA with gay status as covariate and satisfaction with life as the dependent variable. The main effect of stage remained significant, $F(1, 192) = 21.81, p < .01$. The gay status

¹² There was no significant main effect of stage on status target, $F(1, 193) = 2.55, p = .11$. There were also no significant effect of perceived group permeability on status target, $F(2, 193) = .06, p = .94$.

covariate did not reach significance, $F(1, 192) = 3.60, p = .06$. Hence, contrary to predictions, ratings of gay status did not mediate the effects of stage on satisfaction with life.

Collective Self-Esteem

The collective self-esteem subscales demonstrated good reliability ($\alpha = .68$ for public esteem, $.72$ for identification esteem, $.76$ for member esteem, and $.81$ for private esteem).

I conducted a mediation analysis to explore whether the effect of stage on satisfaction with life was mediated by collective self-esteem. The first condition of the mediation analysis (path a in Figure 4.1) requires that the independent variable (HIF stage) accounts for variations in the potential mediators (member esteem, private esteem, public esteem, or identification esteem). A 2 (HIF stage: acceptance/synthesis) x 3 (perceived group permeability: low/neutral/high) MANOVA was conducted with member esteem, private esteem, public esteem, and identification esteem as dependent variables. The multivariate test revealed no main effect of perceived group permeability, and no interaction between perceived group permeability and HIF stage, $ps > .35$. The multivariate test revealed a main effect of HIF stage, Pillai's trace = $.22, F(4, 190) = 13.16, p < .01$. There was a main effect of stage on member esteem, $F(1, 193) = 45.50, p < .01$. As predicted, synthesis participants reported higher member esteem ($M = 21.75$) than acceptance participants ($M = 17.19$). There was also a main effect of stage on private esteem, $F(1, 193) = 12.58, p < .01$. As predicted, synthesis participants reported higher private esteem ($M = 21.58$) than acceptance participants ($M = 19.32$). There were no main effects of stage on public esteem, $F(1, 193) = 1.63, p = .20$, or identity esteem,

$F(1, 193) = 1.85, p = .16$. The first condition for mediation was therefore met for member esteem and private esteem, but not public esteem or identification esteem.

The second condition of the mediation analysis (path b in Figure 4.1) requires that variations in the potential mediators (member esteem and private esteem) must significantly account for variations in the dependent variable of interest (satisfaction with life). There was a significant correlation between satisfaction with life and private esteem ($r = .19, p = .01$), but not member esteem ($r = .13, p = .07$). The second requirement for mediation was therefore met for private esteem.

The final requirement for mediation is that when the effects of the potential mediator are statistically controlled, the effect of the mediator (private esteem) on the dependent variable (satisfaction with life) should remain significant, but the effect of the independent variable (HIF stage) on the dependent variable (satisfaction with life) (Path c in Figure 4.1) must lose significance. I conducted a 2 (HIF stage: acceptance/synthesis) x 3 (perceived group permeability: low/neutral/high) ANCOVA with private esteem as covariate and satisfaction with life as the dependent variable. The main effect of stage remained significant, $F(1, 192) = 21.98, p < .01$. The private esteem covariate did not reach significance, $F(1, 192) = 2.17, p = .14$. Hence, contrary to predictions, collective self-esteem did not mediate the effects of stage on satisfaction with life.

Discussion

Study 2 replicated the main effect of HIF stage on well-being that I reported in Chapter 3: acceptance participants reported lower satisfaction with life than synthesis participants. This replication provides further evidence that the middle stages of HIF are most associated with poorer psychosocial well-being. Gay men who are negotiating the

developmental tasks of the middle stages are therefore the most likely to seek clinical intervention. It is possible that while acceptance participants accept that they belong to the gay social group, the life events occurring as a result of their stage of identity development can be significantly unsettling.

Perceived Group Permeability: Moderation of the Effect of Stage on In-Group Identification but not Well-being

Contrary to predictions, the effect of stage on well-being was not moderated by perceived group permeability. Acceptance participants reported lower satisfaction with life than synthesis participants regardless of the perceived group permeability condition. Acceptance participants did not report better subjective well-being under low perceived group permeability conditions than under high perceived group permeability conditions. These null findings could be related to a potential confounding factor. The low permeability paragraph was perceived to be more convincing than the high permeability paragraph. This finding may reflect poor quality arguments put forward in the high permeability paragraph. Alternatively, it may reflect the social reality of the intergroup situation in which the low permeability case is actually more valid than the high permeability case. Whatever the case, the persuasiveness of the two paragraphs represented a potential confound in the experimental design. This potential confound was managed by adding paragraph persuasiveness as a covariate in the analyses. The covariate did not have a significant effect on the dependent variables, and did not change the overall pattern of results. The potential confound of paragraph persuasiveness therefore did not appear to be the primary reason for the lack of moderating effects of permeability on well-being.

Another possible explanation for the failure of perceived group permeability to moderate the effects of stage on well-being may be that low perceived permeability does not automatically produce feelings of security and well-being for acceptance stage participants. For acceptance participants, the gay in-group's boundaries might have become more clearly marked and their membership more firmly established but this meant that they could not avoid a share in what they perceived to be a low status group. However, if this was true I would have expected acceptance participants in the low perceived group permeability condition to have lower satisfaction with life than acceptance participants in the high perceived group permeability condition. This was not the case in the current study.

A further possibility is that the acceptance participants were aware that the difficulties they experience are not associated with *why* they are same-sex attracted. That is, the permeability paragraphs address the issue of whether movement from the straight to the gay group (and vice versa) is easy or difficult. Acceptance participants already define themselves as definitely being gay. They may not have been particularly concerned about the potential problems of changing group membership because they had already established their group membership.

*Neither Closeting, Identification, Perceived Status nor Collective Self-Esteem Mediate
the Effect of Stage on Well-being*

In contrast to predictions, closeting, in-group identification, perceived status and collective self-esteem all failed to mediate the effect of HIF stage on satisfaction with life. However, the first criterion for mediation was met for each potential mediating variable. That is, HIF stage exerted a significant main effect on each potential mediator.

This revealed interesting information about differences between the acceptance and synthesis stage of homosexual identity formation.

Closeting

The sexual orientation ratings revealed a tendency for both acceptance and synthesis participants to rate themselves as being gay. However, synthesis participants rated themselves as being significantly more gay than acceptance participants. Importantly, the manner in which acceptance participants managed their gay identity varied from that of synthesis participants. Acceptance participants made much greater use of the closeting strategy – that is, these participants were consciously aware that their own view of themselves was different from how they thought other people perceived them. Synthesis participants, on the other hand, showed much greater congruence between how they perceived their own sexual identity and how they thought others perceived their sexuality. The difference in closeting between acceptance and synthesis participants provides evidence that there are differences in how participants at each stage manage their gay identity.

These closeting findings support Cass' (1979) model of HIF, which suggests that synthesis people are more comfortable and settled in their gay identity whereas acceptance people are negotiating new social contacts with the gay group while trying to maintain existing (heterosexual) social ties. It is likely that acceptance people use the identity management strategy of closeting in order to achieve this goal.

Contrary to expectations, closeting did not mediate the effects of stage on well-being. It is possible that a relationship does exist but that the measure of closeting that I used in the present study was too general to detect the relationship. The category of “others” is very broad, potentially including close friends, family members, work

colleagues, strangers in the street, and many others. An individual might closet his sexual identity to a varying extent when interacting with different people. I resolved to use a more multidimensional measure of closeting in Study 3 to provide a more comprehensive mediation analysis.

In-Group Identification

As predicted, synthesis participants showed stronger in-group identification than acceptance participants. This is consistent with Cass (1979), who discussed the strong connections between synthesis people and the gay community. It is also possible that acceptance participants selectively use *de-identification* (Ikegami & Ishida, 2007; Prislin & Christensen, 2005) as an identity management strategy. That is, in certain circumstances they distance themselves from the in-group because they do not wish to belong to what they perceive to be a low status group. Such de-identifying and distancing strategies have been observed in other studies. For example, Leach, Ellemers, and Barreto (2007) studied factors related to positive in-group evaluation. They experimentally manipulated morality, competence, and sociability and found that group morality influenced group members' evaluations of the in-group. In particular, high group morality resulted in in-group members showing pride in the in-group, whereas low group morality resulted in in-group members distancing themselves from the in-group. Loss of status in a previously high status in-group also results in disidentification, with an associated increase in hostility, reduced helpfulness, and a desire to exit the in-group (Prislin & Christensen, 2005). Similarly, shame at belonging to a stigmatised in-group is also related to group members distancing themselves from the in-group (Schmader & Lickel, 2006).

Contrary to predictions, in-group identification failed to mediate the effect of stage on well-being. High levels of in-group identification did not appear to be the main reason why synthesis participants reported better psychosocial well-being than acceptance participants.

A limitation of the current study's findings related to in-group identification was the use of the group identification scale developed by Karasawa (1991, 1995). This measure appeared to have major psychometric limitations. In particular, the scale showed poor reliability. I resolved to develop a more reliable multidimensional measure of in-group identification in Study 3, as I felt that a psychometrically sound measure must be used before conclusively ruling out in-group identification as a mediator of the effects of stage on well-being.

Perceived Status

As predicted, acceptance participants rated the status of the gay group lower than synthesis participants. In contrast, both acceptance and synthesis participants rated the straight group as having significantly higher status than the gay group. It appeared that individuals in the synthesis stage acknowledged that the straight group occupied a higher status position than the gay in-group, but saw a smaller gap in status than acceptance participants. This supports the theory that acceptance individuals continue to maintain negative beliefs prevalent within heterosexual society regarding the gay social group, whereas synthesis people have had greater exposure to the gay in-group's norms and therefore perceive the gay in-group as holding a higher status position. Further, in contrast to acceptance participants, synthesis participants are likely to have greater numbers of heterosexuals around them who are supportive and accepting. Synthesis

participants are therefore more aware that many heterosexuals are accepting and positive towards gay people.

Contrary to predictions, perceived gay status did not mediate the effects of stage on well-being. The difference in perceived gay group status between the acceptance and synthesis participants did not explain the difference in satisfaction with life. This suggested that the psychosocial well-being findings do not simply reflect acceptance participants' dissatisfaction at being part of a lower status social group.

Collective Self-Esteem

As predicted, some components of collective self-esteem differed between acceptance and synthesis stages. Acceptance participants reported lower membership self-esteem and private self-esteem than synthesis participants. These results suggest that synthesis participants felt worthier of the gay group and valued the gay group more highly than did acceptance participants. Private self-esteem correlated with satisfaction with life, suggesting that gay group members who felt positively about the attributes of the in-group felt more satisfied. However, contrary to predictions, collective self-esteem did not mediate the effects of stage on well-being. This suggests that the poorer psychosocial well-being of acceptance participants is not caused by lower levels of collective self-esteem. It is possible that collective self-esteem in this context is actually a reflection of psychosocial well-being rather than being a mediating variable. That is, low collective self-esteem is observed in acceptance participants, and is part of the reduced psychosocial well-being associated with the acceptance stage of HIF.

Summary

Study 2 replicated the main finding of Study 1 that acceptance participants reported poorer psychosocial well-being than synthesis participants. Contrary to predictions, an experimental manipulation of perceived group permeability did not moderate this effect. However, there were some difficulties with potential confounds that should be considered in further tests of this hypothesis. Closeting, identification, perceived gay status, and collective self-esteem did not mediate the effect of stage on well-being. However, there were main effects for each potential mediator such that acceptance participants reported greater closeting of their gay identity, identified less strongly with the in-group, perceived the gay group as having lower status, and experienced lower collective self-esteem than did synthesis participants. Areas for further investigation include the development of reliable, multidimensional measures of closeting and in-group identification to further explore these potential mediators.

The results of Study 2 did not answer the question of why well-being differs between the acceptance and synthesis stages of homosexual identity formation. However, Study 2 provided evidence that the HIF stage differences in well-being are not due to acceptance participants being more closeted, identifying less with the gay in-group, believing that the gay in-group had lower status, or having lower collective self-esteem. Further research is needed to examine additional potential mediators.

The results of Study 2 demonstrated that there were key differences between the ways in which acceptance and synthesis participants responded to their gay identity. Acceptance participants identified less with the in-group and relied on closeting as a way of disguising their group membership. In contrast, synthesis participants identified strongly with the in-group and did not closet to such an extent. It is conceivable that there are other ways in which acceptance and synthesis participants differ in managing

their gay social identity. By isolating these differences, further potential mediators of the relationship between stage and well-being could be identified.

CHAPTER FIVE: STUDY 3. EFFECTS OF STAGE OF HOMOSEXUAL IDENTITY FORMATION, PERCEIVED GROUP PERMEABILITY, AND PERCEIVED GROUP STATUS ON USE OF IDENTITY MANAGEMENT STRATEGIES

Summary

In Study 3, I investigated whether gay men in different HIF stages varied in their use of identity management strategies. I developed reliable, multidimensional measures of closeting and in-group identification to address psychometric limitations of the scales used in Study 2. Gay men ($N = 241$), aged between 12 and 70 years ($M = 32.37$), completed an online questionnaire. I experimentally manipulated perceived group permeability and perceived group status, because variations in these social conditions are thought to alter the ways in which group members respond to their social identities (Ellemers et al, 1988, 1990). I used an identity management strategies scale (Blanz, Mummendey, Mielke, & Klink, 1998) modified for the sample of gay men. A factor analysis revealed that this scale consisted of three factors: acting straight, gay enhancement, and avoidance. Consistent with predictions, acceptance participants reported greater use of the acting straight strategy than synthesis participants. In contrast to predictions, there were no significant differences between acceptance and synthesis participants in their use of gay enhancement or avoidance. As predicted, acceptance participants reported greater use of closeting than synthesis participants. Finally, in terms of group identification, acceptance participants reported higher identity salience of identity than synthesis participants, suggesting that acceptance people spend more time thinking about their gay identity than synthesis people. Consistent with predictions, synthesis participants reported greater global identification than acceptance participants. In summary, acceptance participants used acting straight, closeting, and de-

identification identity management strategies more than synthesis participants. I concluded that future research should investigate whether these strategies explain the low levels of psychosocial well-being found in acceptance stage participants in Studies 1 and 2.

Introduction

The findings of Study 2 provided initial evidence that gay men in different stages of homosexual identity formation (Cass, 1979) differ in the ways that they manage their gay identity. In particular, individuals within the acceptance stage appeared to closet their sexual identity to a greater extent than individuals within the synthesis stage. Furthermore, acceptance individuals appeared to avoid identifying with the gay in-group, whereas synthesis individuals identified strongly with the gay in-group. The only exception to this occurred where there was low perceived group permeability. Acceptance participants showed stronger affective identification when they believed that leaving the gay in-group was impossible. This preliminary evidence is worthy of further investigation, as identifying differences in the way acceptance and synthesis stage individuals view and respond to their gay identity could reveal potential reasons why they differ in their psychosocial well-being.

Identity Management Strategies

In their social identity theory, Tajfel and Turner (1979) assume that individuals aim to create and maintain a positive social identity (Tajfel & Turner, 1979). In Study 2, I found that acceptance participants perceived the gay in-group to have a lower status than synthesis participants. Hence, following social identity theory, it is possible that acceptance people attempt to distance themselves from a social identity that they perceived to be negatively valued by relying on closeting and de-identifying with the group. These responses could be viewed as *identity management strategies* (Blanz et al., 1998). An identity management strategy is the individual's behavioural or cognitive response to their social identity. The aim of such a response is to either create a positive social identity when the current social identity is negatively valued, or to maintain an

existing positive social identity. Identity management strategies can also be used to mitigate the implications of a negative social identity.

A wide range of identity management strategies have been studied in various marginalised social groups (e.g., Blanz et al., 1998). Identity management strategies can be broadly categorised as either identifying more strongly with the in-group and attempting to improve the status of the in-group as a whole, or de-identifying from the in-group and trying to distance oneself from the perceived negative consequences of in-group membership.

Perceived Status and Group Permeability influence the use of Identity Management Strategies

Previous research has demonstrated that prevailing social conditions, such as relative perceived group status and group permeability, influence the use of identity management strategies (e.g., Ellemers et al., 1988, 1990). According to social identity theory, members of low status groups attempt to improve their negatively valued social identity through the use of identity management strategies. In contrast, members of high status groups already have a positively valued social identity, and so their aim is protection, rather than improvement, of group status. In Study 3, I found that both acceptance and synthesis participants rated the gay group as having a lower status than the straight group. It would therefore be likely that the identity management strategies used by members of the gay group would be chosen to fulfil the purpose of improving their social identity which can be negatively valued by the wider community, or protecting the self from negative reactions¹³. Therefore, consistent with Ellemers et al.

¹³ It is possible that the individual might be aware that the wider community holds a negative view towards gay social identity, yet still maintains a private view that membership within the gay group is preferable. Therefore perceived relative social status does not equate to preference for membership within a particular group.

(1990), I predicted that identity management strategies would operate primarily under conditions of low status, where group members are motivated to improve the value of their social identity.

Perceived group permeability also influences the choice of identity management strategies for members of low status groups. For example, in a study of 542 children aged 11-12 years, Boen and Vanbeselaere (2002) found that participants in low status groups with highly permeable group boundaries de-identified with the group and preferred individual responses, whereas participants in low status groups with impermeable group boundaries attempted to improve the status of the group as a whole. The finding that group members identify more strongly with the group and attempt to raise the status of the group when group permeability is low has been found across many studies (e.g., Ellemers et al, 1988, 1990). Therefore, I predicted that low perceived group permeability would result in greater use of identity management strategies that involve stronger identification with the in-group. In contrast, I predicted that high perceived group permeability would result in greater use of identity management strategies that involve de-identification with the in-group.

Addressing the Limitations of Study 2

In-Group Identification

One limitation of Study 2 was the poor reliability of the Karasawa (1991, 1995) measure of in-group identification. Furthermore, the measure consisted of two subscales, which may be a simplistic representation of group identification. Jackson (2002) and Bhowon and Tseung-Wong (2004) used a three dimensional model of group identification with affective, cognitive, and evaluative components. Silver (2002) used a more complex five-dimension model of group identification. A series of factor analyses

confirmed that each of the five factors related to a different aspect of group identification. The first factor related to feelings of oneness with the group. The second factor related to the affect or prevailing emotional response to the identity. The third factor was associated with perceived similarity and typicality of the self as a group member. The fourth factor reflected how important or integral the particular social identity is to the individual. The fifth factor related to the emotional bonds felt with the group.

The three factor models, such as that suggested by Bhowon and Tseung-Wong (2004), Jackson (2002) and Karasawa (1991, 1995) have the advantage of relative simplicity. However, Silver's (2002) more complex model provides a broader assessment of identification. An aim of Study 3 was to include both types of in-group identification scale, thereby providing a more comprehensive analysis of in-group identification as an identity management strategy.

Closeting

A second limitation of Study 2 was the measure of closeting. This measure required participants to rate their own sexual orientation and then rate how they thought other people would rate the participant's sexual orientation. One drawback of this measure was that "other people" could include a whole range of others, potentially including both those who know the individual very well (such as close family members and friends) and those who do not know the individual well at all (such as acquaintances or strangers). It is possible that the individual could be closeted to a varying extent among these groups. An aim of Study 3 was to develop a more comprehensive and multidimensional assessment of closeting to investigate the use of closeting as an identity management strategy in gay men.

Summary of Aims and Hypotheses

The main aim of Study 3 was to investigate the differences in use of identity management strategies between acceptance stage and synthesis stage gay men. This would involve a more thorough investigation of closeting and in-group identification as identity management strategies, as well as considering a range of other identity management strategies. This would also require manipulation of perceived group permeability and perceived status to provide appropriate social conditions for the use of identity management strategies (Ellemers et al., 1988, 1990).

Overall, I predicted that acceptance participants would employ de-identification identity management strategies more than synthesis participants. I also predicted that synthesis participants would employ identification-based identity management strategies more than acceptance participants. I predicted that there would be an interaction between perceived group status and perceived group permeability such that participants would employ de-identification identity management strategies under low perceived status conditions when perceived group permeability was high, and identification-based identity management strategies under low perceived status conditions when perceived group permeability was low.

A secondary aim of Study 3 was to develop more reliable measures of in-group identification and closeting than those used in Study 2. As in Study 2, I predicted acceptance participants would demonstrate less in-group identification than synthesis participants. I also predicted that acceptance participants would demonstrated more closeting than synthesis participants.

Method

Participants

The participants were 241 gay males. The data of a further 21 participants were excluded due to large amounts of incomplete data. The sample ranged in age from 12 to 70 years ($M = 32.37$). Nationalities of the sample are provided in Table 5.1.

Table 5.1

Nationalities of the Sample

| Nationality | Number | % of Sample |
|---------------------------|--------|-------------|
| United States of America | 90 | 37.34 |
| Australia and New Zealand | 74 | 30.71 |
| Europe | 2 | .83 |
| United Kingdom | 59 | 24.48 |
| Canada | 10 | 4.15 |
| Asia | 6 | 2.49 |

As shown in Table 5.1, the majority of participants were from Western societies. Over 90% of the sample recorded their country of origin as the United States of America, Australia, New Zealand or the United Kingdom.

Participants' self-reported occupations were classified according to the Australian Standard Classification of Occupations (Australian Bureau of Statistics, 1997). This information is summarised in Table 5.2. Professionals, students, and managers and administrators were the three most represented occupation classifications. This distribution was similar to that observed in Studies 1 and 2.

Table 5.2

Occupations of the Sample

| ASCO Occupation Group | Number | % of Sample |
|---|--------|-------------|
| Managers and administrators | 30 | 12.40 |
| Professionals | 81 | 33.60 |
| Associate professionals | 21 | 8.70 |
| Tradespersons and related workers | 3 | 1.20 |
| Advanced clerical and service workers | 3 | 1.20 |
| Intermediate clerical, sales, and service workers | 22 | 9.10 |
| Intermediate production and transport workers | 2 | .80 |
| Elementary clerical, sales, and service workers | 23 | 9.50 |
| Labourers and related workers | 3 | 1.20 |
| Students and retired | 44 | 18.30 |
| Unemployed | 5 | 2.10 |
| Not Stated | 4 | 1.70 |

The procedure for advertising and recruitment for Study 3 was essentially the same as that used in Study 2. The website statistics indicated that there had been 460 visits to the initial information page throughout the recruitment period, resulting in a yield of 241 participants who completed the entire study. This equated to an approximate participation rate of 52.39%¹⁴, which was less than the 64.89% participation rate of Study 1 and similar to the 53.07% participation rate of Study 2.

¹⁴Note that the exact participation rate is difficult to calculate as some participants might have visited the information page several times before completing the study itself.

Procedure

Overview

Participants completed an initial set of questionnaires. They were then randomly allocated to one of four experimental conditions, in which they read two paragraphs. One paragraph related to the relative status of the gay and straight groups and the other paragraph related to the permeability of boundaries between the gay and straight groups. Following this experimental manipulation of perceived group permeability, participants completed a second set of questionnaires. These procedures, in order of administration, are described in greater detail below.

Demographic Data

As in Studies 1 and 2, participants were asked to provide their age, occupation and nationality. In addition, at the end of the questionnaire, participants were offered the opportunity to provide further comments and opinions.

Sexual Orientation Ratings and Closeting

Participants completed a closeting scale called the Self-Other Closeting Scale, which was an elaboration of the closeting scale that was used in Study 2. The scale consisted of nine items. The first item asked participants to rate their own sexual orientation. The remaining eight items asked participants to rate how other people perceived their sexual orientation. Specifically, these items assessed how the participants thought that their parents, close family members, other relatives, workmates or classmates, bosses, supervisors or teachers, straight friends, strangers and sexual partners perceived their sexual orientation. These categories were similar to the categories used by Mohr and Fassinger (2000). Participants responded to each item on a

7-point Likert-type scale ranging from 1 (*Totally straight*) to 7 (*Totally gay*). By subtracting each of these ratings from the rating provided for the first item, a measure of discrepancy was obtained. The mean of these eight discrepancy scores provided an overall closeting rating. Higher scores indicated greater levels of closeting. The psychometric properties of the scale are described in the Results section of this chapter.

Gay Identity Questionnaire

The Gay Identity Questionnaire (GIQ) was again used to categorise participants according to HIF stage. This measure is described fully in Study 1.

Experimental Manipulation

Participants were randomly allocated to one of four experimental conditions: high perceived group permeability/high perceived group status; high perceived group permeability/low perceived group status; low perceived group permeability/high perceived group status; or low perceived group permeability/low perceived group status. The pairs of manipulation paragraphs were of equivalent length (around 271 words) and readability. They are provided in full below.

Low perceived group permeability manipulation. Participants who were allocated to the low perceived group permeability condition read a paragraph that described sexual orientation as being largely innate, with movement between the gay and straight groups being impossible:

Compelling evidence indicates that homosexuality is an innate characteristic of the individual, present from birth. Therefore, a person born ‘gay’ cannot become

‘straight’ and vice versa. The following extract from Bailey and Pillard (1995) provides a discussion of such research:

Science is rapidly converging on the conclusion that sexual orientation is innate. It has found that homosexuals often act differently from heterosexuals in early childhood, before they have even heard of sex. A recent study by Simon LeVay, a neurobiologist at the Salk Institute, reported a difference in the hypothalamus, a part of the brain that develops at a young age, between homosexual and heterosexual men... Our own research has shown that male sexual orientation is substantially genetic. Over the last two years, we have studied the rates of homosexuality in identical and non-identical twin brothers of gay men, as well as adoptive brothers of gay men. Fifty-two percent of the identical twin brothers were gay, as against 22 percent of non-identical twins and 11 percent of the adoptive, genetically unrelated brothers... In contrast, research on social factors has been fruitless...¹.

¹Extract from Bailey, M., & Pillard, R. (1995). Are some people born gay? In R. M. Baird and M. K. Baird (Eds.), *Homosexuality: Debating the issues*. (pp. 83-84). New York: Prometheus Books.

High perceived group permeability manipulation. Participants who were allocated to the high perceived group permeability condition read a paragraph that described sexual orientation as being largely a choice, with relatively easy movement between the gay and straight groups:

Research in the area of sexual identity continually demonstrates that sexual orientation is usually characterised by two distinct categories of 'gay' and 'straight'. However, it is increasingly clear that individuals are able to move with relative ease between these categories. Even very early research such as that of Kinsey found that 36.1% of the men interviewed had engaged in homosexual activity, 13.3% of men experienced homosexual fantasies whilst masturbating, and 13.9% of men experienced homosexual dreams¹. Compared to estimates that exclusively gay sexual orientation accounts for less than 10% of the male population², it is clear that many men are able to change between the gay group and straight group.

Such compelling evidence indicates that homosexuality is not an innate characteristic of the individual, present from birth. Rather, individuals are able to change between membership of the 'gay' and 'straight' social categories. An individual may be incorporated under either label at different times in his life.

¹Gebhard, P. H., & Johnson, A. B. (1979). *The Kinsey data: Marginal tabulations of the 1938-1963 interviews conducted by the Institute for Sex Research*. Bloomington, Indiana: Indiana University Press.

²Le Vay, S. (1995). Sexual orientation and its development. In R. M. Baird and M. K. Baird (Eds.), *Homosexuality: Debating the issues*. (pp. 83-84). New York: Prometheus Books.

Low perceived group status manipulation. Participants who were allocated to the low perceived group status condition read a paragraph that described the gay group as having a very low status in society:

In recent times, gay people have had a low status position in society, particularly when compared to straight people. Such a low status is seen in diverse areas including legal inequality, social discrimination and difficulties accessing equivalent health care. Gay characters on television and in movies are frequently portrayed as sexually immoral, or alternatively as ridiculous and insincere. Even in day-to-day life, gay people are regarded as objects of scorn. For example, schoolchildren use terms such as “poofter”, “queer” or “pansy” in a derogatory manner in order to humiliate their classmates.

High perceived group status manipulation. Participants who were allocated to the high perceived group status condition read a paragraph that described the gay group as having a very high status in society:

In recent times, gay people have enjoyed a relatively high status in society, particularly when compared to straight people. This high status is seen in diverse areas including legal equality, social justice and accessing health care. Gay characters on television and in movies are generally portrayed in a positive manner, enjoying healthy sexual relationships and contributing to society rather than being marginalised. Even in day-to-day life, gay sexual orientation is becoming increasingly valued. For example, school children are now much more aware of homosexuality as a valid lifestyle alternative.

Status Manipulation Checks

Participants responded to six items that related to the status relationships of the gay and straight groups. The items referred to (a) the status of gay and straight people in society, (b) whether the straight or gay group was seen as prestigious by society in general, (c) personal beliefs regarding the status of the gay group and (d) a manipulation check about the content of the status manipulation paragraph. Ratings for each item were made on a 7-point Likert-type scale, ranging from 1 (*very low status*) to 7 (*very high status*). I included a more comprehensive measure of status compared to Study 2 to obtain a more valid and reliable measure of perceived status.

Participants also rated the status of the gay group and status of the straight group on separate 12-point Likert-type scales, with gradations ranging from 1 (*very low status*) to 12 (*very high status*). This measure of status was included because it had been used in Study 2, and therefore could provide a direct comparison of results between Studies 2 and 3.

Group Permeability Manipulation Checks

Participants responded to three items that related to perceived group permeability. These items referred to participants' own perceptions of group permeability; "most people's" perceptions of group permeability; and the extent to which the experimental manipulation paragraph suggested that the groups were permeable. Ratings for each item were made on a 7-point Likert-type scale, ranging from 1 (*fixed and unchangeable*) to 7 (*variable and changeable*). Participants also completed a further item: "To what extent did you find the paragraphs you read above convincing". The rating for this item was made on a 7-point Likert-type scale, ranging from 1 (*not at all convincing*) to 7 (*highly convincing*).

Karasawa's (1991, 1995) Group Identification Scale

This measure was used in Study 3 to assess in-group identification. The scale is described fully in Study 2. I included both Karasawa's Group Identification Scale and the new Gay In-Group Identification Scale (discussed below) to be able to confidently demonstrate convincingly which scale was more reliable.

Gay In-Group Identification Scale

I designed a 24-item scale as an additional measure of in-group identification, based on Silver's (2002) model. The process of creating the scale is described more fully in Appendix B. The scale consists of six subscales, each containing four items. The *importance* of identity subscale assesses how important the individual perceives his gay identity to be to his self-concept (for an equivalent concept, see Castano, Yzerbyt, Bourguignon & Seron, 2002; Henry, Arrow & Carini, 1999; Hogg & Hains, 1996; Luhtanen & Crocker, 1992; Riordan & Weatherly, 1999). The *identity salience* of identity subscale assesses how often the individual thinks about his gay identity (for an equivalent concept, see Karasawa, 1991, 1995). The *in-group ties* subscale assesses the extent to which the individual feels a sense of connectedness with other individuals who belong to the gay social category (for an equivalent concept, see Castano, Paladino, Coull, & Yzerbyt, 2002; Ellemers et al., 1988; Henry et al., 1999; Hogg & Hains, 1996; Karasawa, 1991, 1995; Riordan & Weatherly, 1999). The *prototypicality* subscale is designed to assess the extent to which the individual feels like a "typical" gay man (for an equivalent concept, see Ellemers et al., 1988; Henry et al., 1999; Hogg & Hains, 1996; Karasawa, 1991, 1995). The *affect* subscale assesses the extent to which the individual feels positive about his membership of the gay social category (for an

equivalent concept, see Castano, Paladino et al., 2002; Ellemers et al., 1988; Henry et al., 1999; Hogg & Hains, 1996; Karasawa, 1991, 1995). Finally the *global identification* subscale assesses the extent to which the individual states that he identifies with the gay identity (for an equivalent concept, see Castano, Paladino et al., 2002; Castano, Yzerbyt, et al., 2002; Henry, et al., 1999; Hogg & Hains, 1996; Luhtanen & Crocker, 1992; Riordan & Weatherly, 1999). Participants responded to statements using a 7-point Likert-type scale, with anchor points ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The psychometric properties of this scale are provided in the Results section.

Identity Management Strategies Scale

Participants completed a measure of identity management strategies adapted from Blanz et al. (1998). Primarily, the adaptations involved a rewording of the items to refer to the gay social identity. This 38-item measure assesses 12 different identity management strategies, with the extent of endorsement of each strategy represented by a subscale score. Participants rated each item on a Likert-type scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Each identity management strategy is described below. Most of the subscales contained four items, which were added to obtain the strategy score. Some strategy scores were calculated through item subtractions. Where relevant, these calculations are detailed below.

The first identity management strategy is called *individual mobility*, and it occurs when the individual attempts to gain membership of the higher status group. An example of an individual mobility item is “I make every effort to be seen as a straight person”.

The second identity management strategy is called *assimilation*, and it occurs when “the low status group tries to become more and more similar to the high status

outgroup” (Blanz et al., 1998, p. 700). An example of an assimilation item is “We gay people should try to become like straight people”.

The third identity management strategy is called *individualisation*, and it occurs when the individual defines the self not as a group member, but rather as a unique individual who is unaffected by group comparisons. An example of an individualisation item is “I would rather people see me as an individual rather than think of me as a gay person”.

The fourth identity management strategy is called *social competition*, and it occurs when the individual’s group competes for a positive evaluation of their in-group relative to the out-group. An example of a social competition item is “We will make it clear to straight people that gay people are generally better than they are”.

The fifth identity management strategy is called *realistic competition*, and it occurs when group members compete for material resources in favour of the in-group. An example of a realistic competition item is “It is important to vote as many gay politicians into parliament as possible”.

The sixth identity management strategy is called *re-evaluation of comparison dimension*, and it occurs when group members reverse the evaluation of the two poles of the relevant comparison dimension without changing the position of the two groups. An example of a re-evaluation of comparison dimension item is “Masculinity is over-rated by straight people”.

The seventh identity management strategy is called *new comparison dimension*, and it occurs when group members reject comparisons on dimensions that imply negative outcomes for the in-group. Instead, comparisons are made on new dimensions for which the in-group holds a higher status position than the out-group. The new comparison dimension subscale score was ascertained by calculating three difference

scores. Each calculation involved subtracting responses to the item “Gay people consider living in a traditionally masculine way to be very important” from responses to the items: “Gay people consider sensitivity to be very important”; “Gay people consider creativity to be very important”; and “Gay people consider social relationships to be very important”. The largest score became the new comparison dimension subscale score.

The eighth identity management strategy is called *superordinate recategorisation*, and it occurs when the in-group and the out-group are cognitively subsumed by a common, higher-level in-group. Social comparison is then made with other higher-level out-groups. The superordinate recategorisation subscale score was calculated by subtracting responses to the item “I consider myself to have a healthy sex life” from responses to the item “I consider myself to be a gay person”.

The ninth identity management strategy is called *subordinate recategorisation*, and it occurs when group members cognitively split the in-group into two or more subgroups – a sub-in-group and a sub-out-group - with the sub-in-group being perceived to be of higher status relative to the sub-out-group. The subordinate recategorisation subscale score was calculated by subtracting responses to the item “I consider myself to be a member of a particular gay subgroup (examples include: bear; twink; queen; leather; or other)” from responses to the item “I consider myself to be a gay person”.

The tenth identity management strategy is called *comparison with standard*, and it occurs when group members avoid intergroup comparisons, evaluating the in-group in relation to socially shared norms, goals or standards instead. The comparison with standard subscale score was calculated by subtracting responses to the item “It is very important for gay people to compare themselves with straight people” from responses to

the item “It is very important for gay people to compare themselves with their own moral standards”.

The eleventh identity management strategy is called *new comparison group*, and it occurs when group members ignore the out-group that threatens their positive social identity and select a new comparison out-group that holds a lower status position than the in-group on relevant comparison dimensions. The new comparison group subscale score was ascertained by carrying out two difference score calculations. Each calculation involved subtracting responses to the item “Before drawing conclusions about gay people, it is very important that their lifestyle be compared against that of straight people” from responses to the items “Before drawing conclusions about gay people, it is very important that their lifestyle be compared against that of sexually repressed people”, and “Before drawing conclusions about gay people, it is very important that their lifestyle be compared against that of transsexuals”. The largest score became the new comparison dimension subscale score.

The twelfth identity management strategy is called *temporal comparison*, and it occurs when group members compare their in-group with itself at different points in time. The temporal comparison subscale score was calculated by subtracting responses to the item “It is important for gay people to compare themselves with straight people” from responses to the item “It is important to compare the situation of gay people now with that of gay people 50 years ago”.

Blanz et al. (1998) reported that three of the subscales demonstrated satisfactory reliability (individual mobility $\alpha = .86$, social competition $\alpha = .73$, realistic competition $\alpha = .75$), and two subscales demonstrated lower reliability (assimilation $\alpha = .63$, individualisation $\alpha = .59$). Blanz et al. did not provide reliability information for those subscales based on difference scores.

Results

Categorising Participants According to Identity Stage

The GIQ demonstrated excellent reliability for both the acceptance subscale ($\alpha = .79$) and synthesis subscale ($\alpha = .82$). This was similar to the reliability findings reported in Studies 1 and 2. Table 5.3 provides a cross tabulation of participants according to GIQ stage and perceived group permeability and status conditions.

Table 5.3

Participant Distribution by Experimental Condition and HIF Stage

| Acceptance Stage | | | |
|------------------|--------------|------|-------|
| Status | Permeability | | Total |
| | Low | High | |
| Low | 25 | 28 | 53 |
| High | 29 | 26 | 55 |
| Total | 54 | 54 | 108 |

| Synthesis Stage | | | |
|-----------------|--------------|------|-------|
| Status | Permeability | | Total |
| | Low | High | |
| Low | 44 | 32 | 76 |
| High | 28 | 29 | 57 |
| Total | 72 | 61 | 133 |

Table 5.3 shows that there were 25 more synthesis participants than acceptance participants, which was similar to the distribution of acceptance and synthesis participants found in Studies 1 and 2. The lowest cell count was 25 acceptance participants, allocated to the low perceived group permeability/low perceived group status condition. The highest cell count was 44 synthesis participants, allocated to the low perceived group permeability/low perceived group status condition. Levene's test was routinely employed to check for violations of the assumption of homogeneity of variance due to the unequal cell sizes, and, unless otherwise reported, results showed no significant violation of this assumption.

Manipulation Checks

Paragraph Persuasiveness

The first manipulation check related to how persuasive the participants found the manipulation paragraphs. The data from the measure was analysed using a 2 (HIF stage: acceptance/synthesis) x 2 (perceived group status: low/high) x 2 (perceived group permeability: low/high) between-subjects ANOVA. This analysis revealed a significant main effect of perceived permeability, $F(1, 233) = 9.06, p < .01$. Contrary to expectations participants rated the low permeability paragraph as more persuasive ($M = 4.35$) than the high permeability paragraph ($M = 3.74$). The analysis also revealed a significant main effect of perceived status, $F(1, 233) = 8.21, p < .01$. Again, contrary to expectations, participants rated the low status paragraph as more persuasive ($M = 4.33$) than the high status paragraph ($M = 3.75$). There was no main effect of HIF stage, nor any interaction effects. These results suggested that the paragraphs were not rated by participants as equally persuasive. This variability in paragraph persuasiveness was also observed in Study 2. To manage these potential confounds, paragraph persuasiveness

was added as a covariate in all analyses described below. The covariates never reached significance in any of these analyses, and the results remained similar regardless of whether the covariates were added or not.

Perceived Group Status

Responses to the three items that referred to the status of the gay group were combined to form a single reliable measure of perceived gay group status ($\alpha = .67$). The resulting score was used as the dependent variable in a 2 (HIF stage: acceptance/synthesis) \times 2 (perceived group status: low/high) \times 2 (perceived group permeability: low/high) between-subjects ANOVA. This analysis revealed a significant main effect of stage, $F(1, 233) = 26.60, p = .01$. Consistent with predictions, synthesis participants rated the status of the gay group more highly ($M = 10.91$) than did acceptance participants ($M = 9.02$). This replicated the finding in Study 2. There was also a significant main effect of perceived group status, $F(1, 233) = 6.30, p = .01$. As expected, participants in the high perceived group status condition rated the status of the gay group more highly ($M = 10.52$) than participants in the low perceived group status condition ($M = 9.67$). This provided evidence that the experimental manipulation of perceived group status worked in the expected direction.

The ANOVA conducted on the item that measured the perceived status of straight people in society found no significant effects of HIF stage, permeability level, or status condition ($p > .08$). The ANOVA conducted on the item that measured the perception that society in general sees acting straight as prestigious found a significant main effect of HIF stage, $F(1, 233) = 13.16, p < .01$ ¹⁵, but no main effects of permeability or status, and no interaction effects ($ps > .12$). These results provided

¹⁵ Consistent with predictions, acceptance participants thought that society in general saw the gay group as having lower status ($M = 2.39$) than synthesis participants ($M = 3.02$).

evidence that the experimental manipulation of perceived group status worked as intended by altering perceptions of gay group status, but not straight group status.

Perceived Group Permeability

I performed 2 (HIF stage: acceptance/synthesis) x 2 (perceived group status: low/high) x 2 (perceived group permeability: low/high) MANOVA on the group permeability indices. The MANOVA revealed no significant main effects of HIF or status, and no significant interactions ($ps > .10$). However, the MANOVA revealed a significant main effect of perceived group permeability, Pillai's trace = .47; $F(4, 230) = 51.70, p < .01$. A subsequent ANOVA conducted on ratings of most people's beliefs about the changeability of sexual orientation revealed a significant main effect of perceived group permeability, $F(1, 233) = 6.33, p = .01$. Surprisingly, participants in the low permeability condition rated other people as viewing sexual orientation as more variable ($M = 3.60$) than those in the high permeability condition ($M = 2.95$).

The final ANOVA conducted on participant's opinions about the extent to which the paragraph suggested that sexual orientation was fixed also revealed a significant main effect of permeability, $F(1, 233) = 190.48, p = .01$. As expected, participants in the high permeability condition thought that the paragraph suggested that sexual orientation was more changeable ($M = 4.94$) than participants in the low permeability condition ($M = 1.99$).

These results indicated that that participants in the high permeability condition thought that the paragraph suggested that sexual orientation was more changeable than participants in the low permeability condition. Surprisingly, participants in the low permeability condition thought most people believed sexual orientation was more changeable than participants in the high permeability condition. Finally, the

permeability manipulation did not seem to alter participant's perceptions about the changeability of their own sexual orientation, with no significant difference found between the two perceived permeability manipulation conditions ($p = .33$). Overall, it appeared that the perceived permeability manipulation did not have a substantial impact on participant's perceptions of the changeability of their own sexual orientation.

HIF Stage and Identity Management Strategies

The subscales of the identity management strategies measure were generally internally consistent¹⁶. The α values were as follows: re-evaluation of comparison dimension, $\alpha = .57$; realistic competition, $\alpha = .68$; assimilation, $\alpha = .68$; individual mobility, $\alpha = .72$; individualization, $\alpha = .78$; social competition, $\alpha = .79$. Each identity management strategy score was standardized to a z -score because the raw scores could not be compared due to differences in the ways in which strategy scores were calculated.

I conducted a principal axis factor analysis on the 12 standardised identity management strategy scores. I used an oblique (promax) rotation in order to take account of the possibility that the factors could be correlated with one another (Fabrigar et al., 1999; Russell, 2002, p. 1638). Factors were selected based on the scree test (see Figure 5.1) which is appropriate for the principal axis factoring method (Fabrigar et al., 1999; Russell, 2002). As shown in Figure 5.1, there was a three-factor solution, accounting for a total of 49.42% of the variance.

¹⁶ Note that reliability could not be assessed for those subscales created through item subtractions (i.e., new comparison dimension, superordinate recategorisation, subordinate recategorisation, new comparison group, temporal comparison, and comparison with standard).

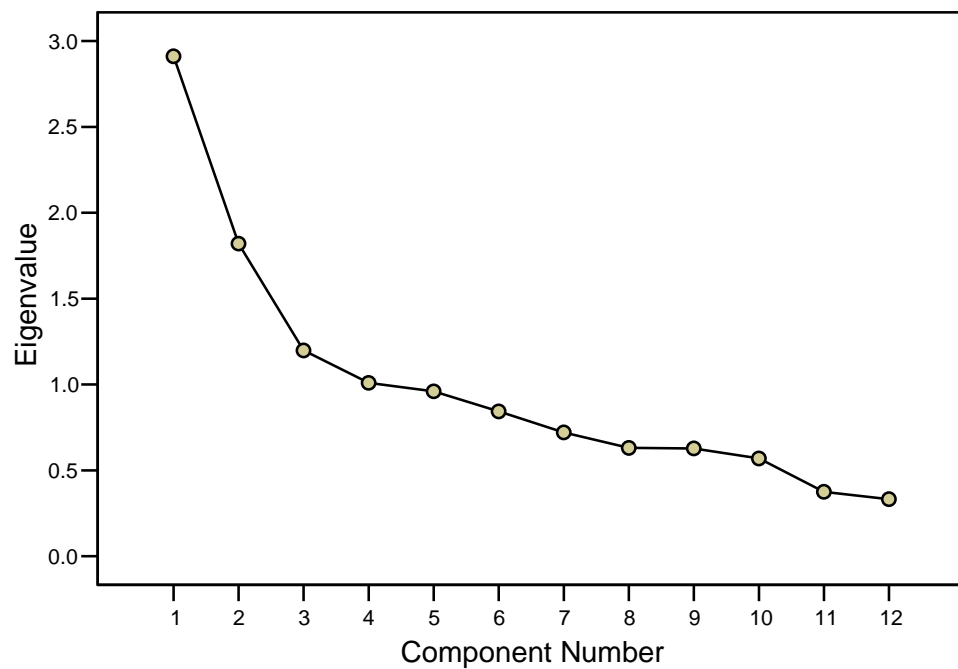


Figure 5.1. Scree plot for the identity management strategy factor analysis.

The pattern matrix is provided in Table 5.4. Factor loadings less than .3 are not shown.

Table 5.4

Pattern Matrix for Identity Management Strategies Scale

| Standardized IMS | Factor | | |
|----------------------------------|--------|-------|------|
| | 1 | 2 | 3 |
| Individual Mobility | .84 | | |
| Assimilation | .57 | | |
| Re-evaluate Comparison Dimension | -.58 | | |
| Social Competition | | .84 | |
| Realistic Competition | | .63 | |
| Temporal Comparison | | | .52 |
| Individualization | | -.30 | .42 |
| Superordinate Reclassification | | | .33 |
| Subordinate Reclassification | | | -.60 |
| Comparison with Standard | | | |
| New Comparison Group | | | |
| New Comparison Dimension | | | |
| % of Variance Explained | 24.26 | 15.17 | 9.99 |

The first factor accounted for 24.26% of the variance and had an eigenvalue of 2.91. Items from the individual mobility and assimilation subscales showed the strongest positive loadings on this factor (ranging from .57 to .84). I labelled this factor *acting straight* because its constituent items refer to becoming part of the straight out-group or endorsing behaviours and attitudes that are similar to those of the straight out-group in order to render the in-group and out-group virtually indistinguishable.

The second factor accounted for 15.17% of the variance and had an eigenvalue of 1.82. Items from the realistic competition and social competition subscales showed the strongest positive loadings on this factor (ranging from .63 to .84). I labelled this factor *gay enhancement* because its constituent items refer to direct competition with the straight group in order to enhance the social position of the gay group.

The third factor accounted for 9.99% of the variance and had an eigenvalue of 1.20. Items from the temporal comparison, individualisation and superordinate reclassification subscales showed the strongest positive loadings on this factor (ranging from .33 to .52). I labelled this factor *avoidance* because its constituent items relate to avoiding direct comparisons between the gay and straight groups. That is, the temporal comparison items relate to comparing the gay group with itself at different points in time; individualisation items relate to viewing the self as an individual rather than a member of a particular social category; and superordinate categorisation items emphasise classifying the self according to a category that encompasses both gay and straight group members.

Following Russell (2002), I used an item summation approach rather than factor scores to create an acting straight index, a gay enhancement index, and an avoidance index. This was done by adding the standardised scores for those items that loaded positively on each factor.

I used the acting straight, gay enhancement, and avoidance index scores as dependent variables in a 2 (HIF stage: acceptance/synthesis) x 2 (perceived group status: low/high) x 2 (perceived group permeability: low/high) between-subjects MANOVA¹⁷. The multivariate test was not significant for the main effects of perceived group permeability or perceived group status independent variables, or any of the interactions ($ps > .26$). However, the multivariate test did reveal a significant main effect of HIF stage, Pillai's trace = .12; $F(3, 231) = 10.17, p < .01$. The subsequent ANOVAs revealed a significant main effect of stage on the acting straight index, $F(1, 233) = 28.46, p < .01$. As predicted, acceptance participants used the acting straight strategy ($M = .64$) more than synthesis participants ($M = -.52$). It was also found that synthesis participants did not use the gay enhancement strategy ($M = .02$) more than acceptance participants ($M = -.03$), $F(1, 233) = .10, p = .75$.

In-Group Identification

Karasawa's (1991, 1995) Group Identification Scale

As in Study 2, the group identification scale demonstrated poor reliability (α s ranged from .38 for the group identification scale to .61 for the affective identification scale).

I used the affective, cognitive, group and member identification subscales of the Group Identification Scale as dependent variables in a 2 (HIF stage: acceptance/synthesis) x 2 (perceived group status: low/high) x 2 (perceived group permeability: low/high) between-subjects MANOVA. The multivariate test showed a significant main effect of HIF stage, Pillai's trace = .26; $F(3, 231) = 26.44, p < .01$. No other effects were significant ($ps > .20$). The subsequent ANOVAs revealed a

¹⁷ I performed an identical MANOVA on the original 12 identity management subscales identified by Blanz et al (1998). The results of this additional analysis are reported in Appendix C. The results from this secondary analysis were generally consistent with those presented in this chapter.

significant main effect of HIF stage on the cognitive identification subscale, $F(1, 233) = 19.36, p < .01$. As predicted, synthesis participants showed stronger cognitive identification ($M = 10.50$) than acceptance participants ($M = 9.30$). The subsequent ANOVAs also revealed a significant main effect of HIF stage on the affective identification subscale, $F(1, 233) = 58.05, p < .01$. As predicted, synthesis participants showed stronger affective identification ($M = 13.89$) than acceptance participants ($M = 10.19$). There was also a significant main effect of HIF stage on the group identification subscale, $F(1, 233) = 79.68, p < .01$. As predicted, synthesis participants showed stronger group identification ($M = 24.38$) than acceptance participants ($M = 19.48$). The MANOVA showed no significant effects of HIF stage on the member identification subscale ($p = .30$).

Gay In-Group Identification Scale

I performed reliability analyses for the Gay In-Group Identification Scale, as well as each of its constituent subscales. The overall reliability of the scale was good ($\alpha = .89$). The reliability of each subscale was also good: importance of identity $\alpha = .69$; identity salience of identity $\alpha = .82$; affect $\alpha = .74$; in-group ties $\alpha = .82$; prototypicality $\alpha = .77$; and global identification $\alpha = .75$.

I conducted a principal axis factor analysis on the 24 items of the Gay In-Group Identification Scale. I used an oblique (promax) rotation in order to take account of the possibility that the factors could be correlated with one another (Fabrigar et al., 1999; Russell, 2002, p. 1638). As shown in Figure 5.2, there was a two-factor solution, accounting for a total of 45.55% of the variance.

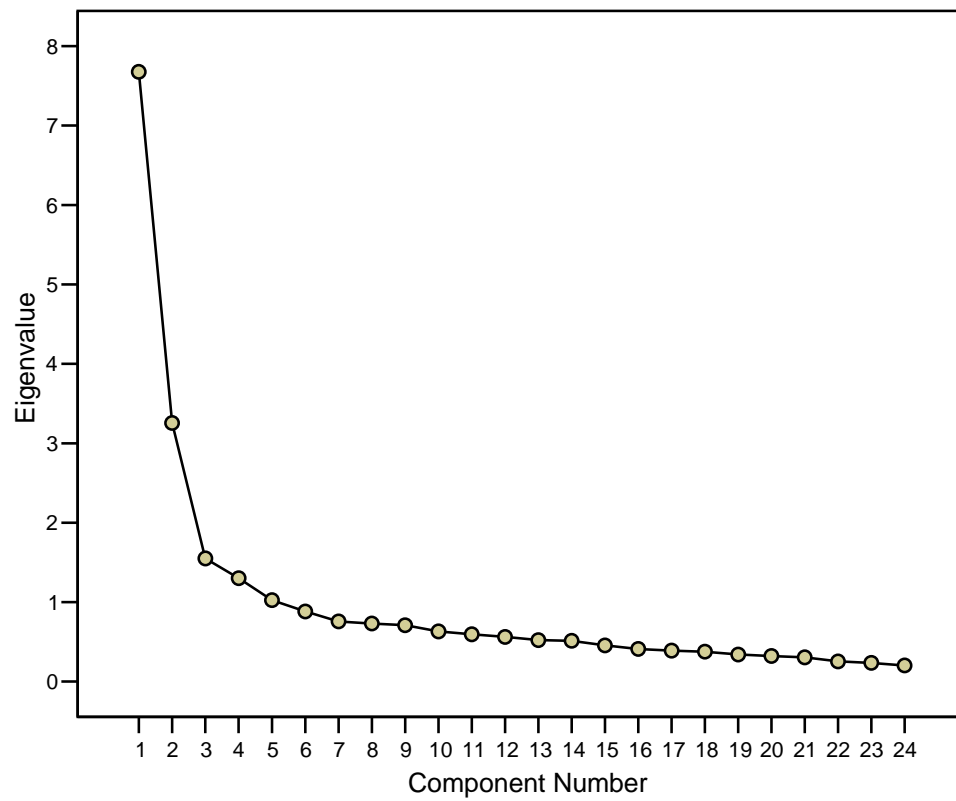


Figure 5.2. Scree plot of the identity management strategy factor analysis.

The pattern matrix is provided in Table 5.5. Factor loadings less than .3 are not shown.

Table 5.5

Pattern Matrix for the Gay In-Group Identification Scale

| Gay In-Group Identification Scale Item | Factor | |
|--|--------|-------|
| | 1 | 2 |
| 22. I have strong ties with other gay men. (T) | .76 | |
| 4. I feel a sense of being 'connected' with other gay men. (T) | .75 | |
| 16. I don't feel a strong bond with other gay men. (T)* | .73 | |
| 11. I have a lot in common with other gay men. (P) | .68 | |
| 18. I identify with gay people as a whole. (G) | .67 | |
| 5. I am a good example of an average gay man. (P) | .65 | |
| 23. I am not very representative of gay men. (P)* | .63 | |
| 24. I identify with the other people of my sexual orientation. (G) | .63 | |
| 17. In general, gay men are quite different from me. (P)* | .59 | |
| 6. I don't feel a strong sense of identification with other gay men. (G)* | .54 | |
| 10. I don't feel that I 'fit in' with other gay men. (T)* | .43 | |
| 12. I do not identify with other gay men. (G)* | .38 | |
| 21. My sexual orientation is a source of happiness for me. (A) | .33 | |
| 20. I don't think about the fact that I am gay very often. (S)* | | .81 |
| 8. Thoughts about being gay often come into my mind. (S) | | .79 |
| 2. My sexual orientation comes to my attention many times in an average day. (S) | | .74 |
| 14. The fact that I am gay rarely enters my mind. (S)* | | .70 |
| 19. My sexual orientation is not important to me. (I)* | | .44 |
| 1. My sexual orientation is an important aspect of my identity. (I) | | |
| 7. Being gay is not an important reflection of who I am. (I)* | | |
| 13. Being gay is one of my most important features. (I) | | |
| 3. Thinking about the fact that I am a gay sometimes makes me feel bad. (A)* | | |
| 9. I don't like to think of myself as gay. (A)* | | |
| 15. I am glad to be gay. (A) | | |
| % of Variance Explained | 30.05 | 11.61 |

Note. * = reverse scored item. (I) = importance item; (S) = identity salience item; (A) =

affect item; (T) = in-group ties item; (P) = prototypicality item; (G) = global

identification item.

The first factor accounted for 31.99% of the variance and had an eigenvalue of 7.68. Items from the in-group ties, prototypicality, and global identification subscales showed the strongest positive loadings on this factor (ranging from .33 to .76). Given the high positive loadings from these three subscales, as well as the large amount of variance explained by the factor, I labelled this factor as *global identification*.

The second factor accounted for 13.57% of the variance and had an eigenvalue of 3.26. Items from the identity salience subscale showed the strongest positive loadings on this factor (ranging from .70 to .81). I labelled this factor as *identity salience*.

The two-factor solution revealed in the current Study differs from the five-factor model described by Silver (2002). I found that there were two main dimensions relating to in-group identification in gay men. The first dimension, global identification, related to the extent to which they identified with the gay group, had social bonds with other group members, and saw themselves as being typical of the gay group. The second dimension was the amount of time spent by group members thinking about their gay identity.

I used the global identification and identity salience subscale scores as dependent variables in a 2 (HIF stage: acceptance/synthesis) x 2 (perceived group status: low/high) x 2 (perceived group permeability: low/high) between-subjects MANOVA¹⁸. The multivariate test demonstrated no significant main effects of perceived group permeability or status, and no interaction effects ($ps > .11$). However, the multivariate test revealed a significant main effect of HIF stage, Pillai's trace = .08; $F(2, 232) = 10.00, p < .01$. Subsequent ANOVAs revealed a significant main effect of HIF stage on the identity salience subscale, $F(1, 233) = 9.61, p < .01$. Interestingly, acceptance participants reported higher identity salience ($M = 21.60$) than did synthesis participants ($M = 19.38$). This result suggests that acceptance participants spend more time thinking about their identity than do synthesis participants.

Subsequent ANOVAs also revealed a significant main effect of HIF stage on the global identification subscale, $F(1, 233) = 5.77, p = .02$. As predicted, synthesis

¹⁸ Note that another 2 (HIF stage: acceptance/synthesis) x 2 (perceived group status: low/high) x 2 (perceived group permeability: low/high) between-subjects MANOVA using each of the Gay Group Identification Scale subscales as dependent variables is provided in Appendix B.

participants showed stronger global identification ($M = 19.23$) than did acceptance participants ($M = 17.65$).

Closeting

A reliability analysis indicated that the reliability of the Self-Other Closeting Scale was good ($\alpha = .90$). I performed a 2 (HIF stage: acceptance/synthesis) x 2 (perceived group status: low/high) x 2 (perceived group permeability: low/high) between-subjects ANOVA on the Self-Other Closeting Scale data. There was a significant main effect of HIF stage, $F(1, 233) = 83.41, p = .01$. As predicted, acceptance participants used closeting ($M = 2.38$) more than synthesis participants ($M = 0.97$). This replicated the closeting findings from Study 2.

Discussion

HIF Stage and Identity Management Strategies

The major aim of Study 3 was to ascertain whether acceptance and synthesis stage participants differed in their use of identity management strategies. I modified Blanz et al.'s (1998) 12-strategy measure so that it applied to the gay social identity. Most of the strategy subscales demonstrated good reliability. However, the complicated means of calculating some of the subscales meant that I could not assess their reliability. Further modification of these subscales is needed to ensure that they are reliable measure of identity management strategies.

A factor analysis revealed that the 12 strategies described by Blanz et al. (1998) fitted a four factor solution. These factors were labelled acting straight, gay enhancement, avoidance, and moral comparison. The acting straight factor demonstrated a significant main effect of HIF stage. Consistent with predictions,

acceptance participants used the acting straight strategy to a greater extent than synthesis participants.

Surprisingly, there were no differences between acceptance participants and synthesis participants in their use of the gay enhancement, avoidance, or moral comparison strategies. In particular, I had predicted that synthesis participants would employ identity management strategies based on strong identification with the in-group. The gay enhancement strategy seemed to be an identification-based strategy, yet both acceptance and synthesis stage participants reported similar levels of gay enhancement. This finding could be explained by considering Cass' (1979) descriptions of the acceptance and synthesis stages. In the acceptance stage, the individual is in the process of building and consolidating supportive networks within the gay community. The individual's position within the community is not established sufficiently to encourage competing with the straight majority for social status and privilege. In the synthesis stage, the individual has an established sense of self as being gay, but considers gay identity to be only one aspect of the self. The individual therefore does not need to use a strategy of gay enhancement because the identity is already socially and personally integrated. According to Cass' model, gay enhancement would be most expected during the pride stage, in which the individual has a firm sense of gay identity, is proud of this identity, rejects the heterosexual out-group, and experiences anger at perceived inequality and injustice against gay people.

The results of Study 3 raise the possibility that the acting straight strategy is a primary difference between the acceptance and synthesis stages of Cass' (1979) model of HIF. The acting straight strategy is therefore a potential mediator of the relationship between HIF stage and psychosocial well-being demonstrated in Studies 1 and 2. A major limitation of the current study was that measures of psychosocial well-being were

not included. Therefore, this question of potential mediation could not be answered within Study 3. Further research needs to investigate the intriguing possibility that the acceptance stage participants' reliance on acting straight is the main reason for their poor psychosocial well-being.

HIF Stage and In-Group Identification

In Study 2, I found evidence that synthesis participants showed stronger in-group identification than acceptance participants. However, there were problems with the measure of in-group identification, including poor reliability. Therefore, a secondary aim of Study 3 was to further investigate in-group identification using a more reliable, multidimensional measure.

The current study replicated the Group Identification Scale (Karasawa, 1991, 1995) results found in Study 2. That is, synthesis participants showed stronger cognitive identification, affective identification, and group identification than acceptance participants. As in Study 2, there were no HIF stage differences in membership identification. Notably, however, the Karasawa Group Identification Scale was again found to have poor reliability.

I developed a new, reliable, multidimensional measure of in-group identification for the current study. The Gay In-Group Identification Scale consisted of 24-items contributing to six subscales: importance, identity salience, affect, in-group ties, prototypicality, and global identification. Both the overall reliability and the reliability of each subscale were sound, with α s ranging from .69 to .82 for the subscales and .89 overall. However, factor analysis failed to support Silver's (2002) five-factor model of group identification. Rather, a two-factor model was supported. The first factor related to global identification with the in-group. The second factor related to identity salience

(that is, the extent to which the group member thought about the social identity). As predicted, synthesis participants showed stronger global identification than acceptance participants.

Acceptance participants reported more identity salience than synthesis participants. This suggests that acceptance participants spent more time thinking about their gay identity than synthesis participants. The reason for the increased identity salience found in acceptance participants can be inferred from Cass' (1979) descriptions of the developmental tasks of each stage. Acceptance people are still familiarising themselves with their new identity and are still working through the associated developmental tasks. In contrast, synthesis people might be more accustomed to their gay identity, having worked through the developmental tasks of each stage already. Hence, it makes sense that acceptance people engaged actively in the process of managing their emergent gay identity will experience greater salience of the identity than synthesis people. It is important to note that the increased identity salience of gay identity for acceptance participants does not necessarily mean that the time spent thinking about the identity relates to negative thoughts. However, acceptance participants' lower affective identification scores would make this a reasonable assumption. Overall, these results suggest that acceptance participants did not identify strongly with the gay group, although they thought more about their gay identity.

The fact that acceptance participants reported greater identity salience of identity provides evidence for the divergent validity of group identification and HIF stage. That is, later stages of HIF are not simply related to stronger group identification, as the acceptance stage was associated with greater identity salience than the synthesis stage.

These identification findings suggest that it is timely to revisit the hypothesis that in-group identification mediates the effects of HIF stage on psychosocial well-

being. The Karasawa (1991, 1995) Group Identification Scale demonstrated low levels of reliability in the current study, as it did in Study 2. This low reliability may explain the failure to detect a mediation effect in Study 2. Given the significant differences between acceptance and synthesis participants on subscales of the Gay In-Group Identification Scale that I found in the current study, I will investigate the identification mediation hypothesis further in Study 4 using this new scale. In particular, there was one subscale in which acceptance participants reported *more* identification than synthesis participants: the identity salience subscale. It could be that the identity salience of the gay identity mediates the effect of HIF stage on psychosocial well-being, and I intended to investigate this possibility further in Study 4.

HIF Stage and Closeting

Another secondary aim of Study 3 was to replicate and further explore the finding of Study 2 that acceptance participants employed closeting to a greater extent than synthesis participants. In Study 3, I developed the Self-Other Closeting Scale, a brief and reliable measure of closeting. As predicted, acceptance participants demonstrated greater use of closeting than synthesis participants, replicating the findings of Study 2.

On a surface level, closeting seems to be almost identical to the concept of the acting straight identity management strategy. What are the main factors differentiating the use of closeting from the use of the acting straight strategy?

In contrast with those who endorsed the acting straight identity management strategy, many people who closet their gay identity do not actually wish to become straight or leave the gay group. Further, closeting refers to a temporary, situation-specific change in self-presentation adapting to prevailing social cues. An individual

might closet in the workplace due to fears of discrimination, but this does not necessarily mean that the individual believes that all gay people should act like straight people all of the time. This is in contrast to the identity management strategy of acting straight, which is maintained across contexts and reflects a more pervasive attitude towards the expression of the individual's own gay identity.

The use of the acting straight strategy does not automatically imply use of the closeting strategy. An individual might openly reveal his gay identity to others while simultaneously proposing that gay people should be as similar as possible to straight people. Although conceptually similar to closeting, acting straight relates more to the individual's own perception of how gay people should behave and live at all times. This is opposed to the temporary, situationally expedient use of closeting. Closeting could be employed by a gay person to conceal the identity, even though in other situations the same individual would not endorse the belief that all gay people should behave as similarly to straight people as possible.

Finally, there is the problem of attainability. That is, is it actually possible for a gay person to act so similarly to a straight person that the two are indistinguishable? The very fact that the straight and gay groups are defined by targets of sexual attraction, as well as sexual behaviour, means that the individual faces an arguably impossible task in applying the acting straight strategy. Closeting involves being gay but pretending to be straight in a given situation, whereas acting straight involves actually attempting to behave in a straight way.

The correlation between closeting and acting straight was positive and moderate ($r = .41, p < .01$). This provides evidence that the two constructs are theoretically related but empirically distinct from each other.

Further investigation of closeting should focus on two main areas. First, in Study 2, I was unable to demonstrate that use of closeting mediated the relationship between HIF stage and psychosocial well-being. This issue needs to be revisited using the new Self-Other Closeting Scale. Second, closeting may be a multidimensional construct. The Self-Other Closeting Scale focuses on the target of closeting. For example, the Self-Other Closeting Scale might indicate that the individual's gay identity is closeted from the parents. However, the scale does not indicate whether this closeting is related to deliberate concealment or not. Another component of closeting could be the extent to which the individual engages in active concealment of the gay identity, as opposed to passively allowing others to assume that the individual is gay. It could be that active closeting might mediate the relationship between HIF stage and psychosocial well-being. For example, it could be that acceptance people actively closet their gay identities to a greater extent than synthesis people, thereby investing a large amount of energy in ensuring ongoing concealment. It could be that this active closeting takes an emotional toll on these people, resulting in poorer well-being. Further research needs to develop a measure assessing *how* closeting occurs in order to investigate the relationship between use of closeting and psychosocial well-being.

In summary, I replicated the finding that acceptance participants closet to a greater extent than synthesis participants. In Study 4, I plan to develop an additional measure assessing the process of closeting. I also plan to revisit the possibility that closeting mediates the effect of HIF stage on psychosocial well-being, using both the Self-Other Closeting Scale and the new measure that assesses the process of closeting.

Summary

In Study 3, I used new, reliable measures to replicate the findings of Study 2 that acceptance participants engaged in more closeting and identified less strongly with the in-group than synthesis participants. Interestingly, acceptance participants showed greater identity salience of their identity than synthesis participants. More importantly, I demonstrated that there were key differences in the identity management strategies used by acceptance and synthesis participants. Specifically, acceptance participants used acting straight strategies to a greater extent than synthesis participants. The acting straight strategies rely on either becoming part of the straight out-group or becoming as similar as possible to the straight out-group. The primary limitation of the current study was the lack of psychosocial well-being variables. In Study 4, I investigated whether acceptance participants' greater use of acting straight strategies, and closeting as well as their greater identity salience of identity and lower global identification were responsible for their poorer psychosocial well-being compared to synthesis participants.

CHAPTER SIX: STUDY 4. GLOBAL IDENTIFICATION, IDENTITY SALIENCE, AND “ACTING STRAIGHT” MEDATE THE EFFECT OF HIF STAGE ON PSYCHOSOCIAL WELL-BEING

Summary

I investigated (a) why the middle stages of homosexual identity formation (Cass, 1979) are associated with poorer psychosocial well-being than late stages and (b) under what conditions well-being was most likely to be impaired. Gay men ($N = 234$, age range 16 to 75 years, $M = 37.73$) completed an online questionnaire. I conducted an experimental manipulation of perceived group power, a potential moderator of the effect of identity stage on well-being. I also investigated a further potential moderator, the personality variable self-monitoring (Snyder, 1974, 1987). Potential mediators included closeting, global identification, identity salience, and use of the acting straight identity management strategy. As predicted, acceptance participants reported poorer psychosocial well-being than synthesis participants. Furthermore, global identification, identity salience, and the use of the acting straight strategy mediated the effect of HIF stage on psychosocial well-being. Contrary to predictions, self-monitoring and power did not moderate the effect of HIF stage on well-being, although high self-monitoring was associated with reduced global identification, greater active closeting, and greater use of the acting straight strategy. I concluded that clinical interventions should target the mediating variables, as these variables appear to be the reason why acceptance people have poorer psychosocial well-being than synthesis people.

Introduction

In Study 1, I discovered that gay men in the acceptance stage of HIF experienced poorer psychosocial well-being than gay men in the synthesis stage. The primary aim of Study 2 was to investigate possible mediation and moderation of this effect. Study 2 replicated the finding that acceptance participants experienced poorer psychosocial well-being than synthesis participants. Perceived group permeability did not moderate the effect of HIF stage on psychosocial well-being. Furthermore, although Study 2 provided some evidence of HIF stage differences in closeting, in-group identification, perceived gay status, and collective self-esteem, none of these variables mediated the effects of HIF stage on psychosocial well-being. However, I discovered that the scales that I used to assess closeting and in-group identification had notable psychometric weaknesses.

The first aim of Study 3 was to assess whether acceptance and synthesis participants differed in their use of other identity management strategies, in addition to the strategies of closeting and de-identification. The second aim of Study 3 was to develop improved measures of closeting and in-group identification in order to address the psychometric limitations of Study 2. The primary finding of Study 3 was that acceptance participants used a particular type of identity management strategy, acting straight, to a greater extent than synthesis participants. Further, acceptance participants were found to have lower global in-group identification than synthesis participants, yet showed greater identity salience of identity. This suggested that they did not identify strongly with the gay group, yet thought more about their gay identity.

In Study 3 I developed improved measures, and demonstrated that acceptance and synthesis participants used different identity management strategies. The main aim of Study 4 was to return to two primarily clinical questions: (1) Why do acceptance

people have poorer well-being than synthesis people? (2) When are these differences in well-being most apparent? The first question involved an investigation of potential *mediators* of the relationship between HIF stage and well-being. The second question involved an investigation of potential *moderators* of the relationship between HIF stage and well-being.

Potential Mediation of the Effects of HIF Stage on Well-Being

The question of *why* HIF stage differences in well-being exist can be examined using mediation analysis. In Study 4, I considered three potential mediators: closeting, in-group identification, and the acting straight identity management strategy.

The first two of these mediators had been considered in Study 2. However, the measures used to assess the constructs in Study 2 had significant psychometric flaws. I therefore aimed to use the more reliable measures designed in Study 3 to evaluate any potential mediation effects. A detailed summary of the approach to mediation used by Baron and Kenny (1986) was provided in the Introduction to Study 2.

Closeting

In Studies 2 and 3, I demonstrated that acceptance stage participants closeted their gay identity to a greater extent than synthesis participants. This was consistent with the theory of HIF described by Cass (1979). As discussed in Study 2, closeting has substantial negative effects for the individual including a preoccupation with maintaining secrecy (Wegner & Lane, 1995), high levels of stress (Rosario et al., 2001), and poorer health outcomes (Cole, Kemeny & Taylor, 1997; Cole, Kemeny, Taylor, & Visscher, 1996; Cole, Kemeny, Taylor, Visscher, & Fahey, 1996). In contrast, revealing

one's gay identity has been associated with better social and occupational outcomes (Beals & Peplau, 2001; Day & Schoenrade, 1997, 2000; Kadushin, 2000).

I therefore predicted that closeting would mediate the effects of HIF stage on psychosocial well-being. That is, the reason why acceptance participants experience poorer psychosocial well-being is because they closet more than synthesis participants.

In Study 4, I aimed to consider a further aspect of closeting. In Studies 2 and 3, I was only able to report that gay men had an awareness of a discrepancy between how they rated their own sexual orientation and how they believed others would rate their sexual orientation. That is, participants rated the extent to which they thought that other people considered them to be gay.

A further important dimension of closeting may be whether the closeting was an active process, consciously pursued by participants to conceal the evolving gay identity, or whether it was a passive process, in which participants simply did not contradict the prevailing social assumptions that one is straight until revealed to be otherwise. For example, one individual might actively closet his gay identity by telling colleagues or family members that he is heterosexual. Another individual might passively closet his identity by failing to contradict another's assumption that he is heterosexual, without actually claiming to be heterosexual himself. Alternatively, the closeting process might involve both active and passive components, depending on the social context and other situational factors. The distinction between active and passive closeting might hold important implications for subsequent psychosocial well-being. Wegner and Lane (1995) reported that many closeted gay men become preoccupied with their gay identity, and invest a great deal of energy in maintaining a heterosexual facade. Wegner and Lane argued that the active process of concealment takes a toll on the well-being of the individual. It is likely that active closeting is more psychologically and socially

demanding than passive closeting, which does not require an active process on the part of the individual.

The current study aimed to investigate this issue further using a new purpose-built closeting scale that is designed to assess both active and passive closeting. I predicted that acceptance participants would employ active closeting more than synthesis participants. I further predicted that active closeting would mediate the effect of HIF stage on well-being. That is, the reason acceptance participants experience poorer well-being is because they employ active closeting to a greater extent than synthesis participants.

In-Group Identification

In Studies 2 and 3, I found that acceptance participants generally identified with the gay in-group less than synthesis participants. In Study 4, I revisited in-group identification as a potential mediator of the effect of HIF stage on psychosocial well-being. I used two subscales of the Gay In-Group Identification Scale designed in Study 3 as potential mediators: global identification and identity salience of identity. I chose these subscales as the factor analysis conducted in Study 3 revealed a two-factor solution, consisting of global identification and identity salience. In addition, these subscales both showed significant differences according to HIF stage.

Global identification. In Study 3 I found that acceptance participants reported less global identification than synthesis participants. This was similar to the finding in Study 2 that acceptance participants demonstrated lower cognitive identification, affective identification, and group identification than synthesis participants. These findings are consistent with Cass' (1979) model of HIF. This model views the acceptance stage as a period in which social and emotional connections with other gay

people are just developing, whereas the synthesis stage is a period of consolidated social and emotional connectedness and an established gay social and personal identity (Cass, 1979). I therefore predicted that acceptance people would show less global identification than synthesis participants.

As discussed in Study 2, research on in-group identification suggests that identifying with the group appears to protect the group member from the detrimental effects of belonging to a low status minority group (Branscombe et al., 1999; Schmitt et al., 2002, 2003). These studies provide evidence that members of low status groups use in-group identification as an identity management strategy to buffer against the negative consequences of membership in low status groups. The failure of Study 2 to find such an effect could be due to the poor reliability of Karasawa's (1991, 1995) group identification measure. I therefore predicted that global identification would mediate the effect of HIF stage on psychosocial well-being. That is, the reason acceptance participants experience poorer well-being is because they show less global identification than synthesis participants.

Identity salience. In Study 3 I demonstrated that acceptance participants reported greater identity salience of the gay identity than synthesis participants. That is, acceptance participants reported spending more time thinking about their gay identity than synthesis participants. Acceptance participants also reported lower affect related to their identity than synthesis participants, indicating that acceptance participants also experienced more negative emotions in relation to their gay identity than synthesis participants. Therefore, acceptance participants spent more time thinking about their identity, and also felt worse about their identity. This phenomenon was discussed by Wegner and Lane (1995), who indicated that many closeted gay men become

preoccupied with their gay identity. Wegner and Lane argued that the extent of this cognitive and emotional preoccupation takes a toll on the well-being of the individual.

I therefore predicted that identity salience of identity would mediate the effect of HIF stage on psychosocial well-being. That is, the reason acceptance participants experience poorer well-being is because they spend more time thinking about their gay identity than do synthesis participants.

Acting straight

In Study 3 I found that acceptance participants used a particular identity management strategy, acting straight, to a greater extent than synthesis participants. The acting straight strategy was related to the beliefs that gay people should be as similar as possible to straight people and that being indistinguishable from straight people should be a goal of gay people.

Acting straight is likely to have implications for the well-being of the individual. The individual would face many challenges in attempting to live abiding by social and cultural structures that are more suited for a heterosexual lifestyle, and at times unfavourable towards a homosexual lifestyle. These challenges also exist for gay individuals who do not employ an acting straight strategy, but they are likely to be mediated by the presence of social support through the gay community, as seen in other minority group contexts (see Branscombe et al., 1999; Schmitt et al., 2002, 2003). Further, there is the issue of whether acting straight is actually attainable, given that one of the key defining characteristics of straight people is their sexual attraction towards the opposite gender. The use of acting straight is therefore likely to be a source of internal conflict for the individual, with adverse effects on psychosocial well-being. I therefore predicted that acting straight would mediate the effect of HIF stage on

psychosocial well-being. That is, the reason acceptance participants experience poorer well-being is because they use acting straight more than synthesis participants.

Potential Moderation of the Effects of HIF Stage on Well-Being

A moderation analysis can assist in answering the question of when HIF stage differences in well-being are most prominent. A detailed summary of the approach to moderation used by Baron and Kenny (1986) was provided in the introduction to Study 2. In Study 4, I considered two potential moderators: self-monitoring and perceived group power.

Self-Monitoring

Self-monitoring (Snyder, 1974) is a personality trait that is related to the extent to which people modify their social behaviours in response to the social context. High self-monitors demonstrate social behaviour that is highly responsive to situational and interpersonal cues. They adapt their behaviour so that it is appropriate to the current social setting, even if this means behaving in a manner that contradicts their privately held beliefs. In contrast, low self-monitors demonstrate behaviour that reflects their underlying attitudes and beliefs. They aim to maintain a consistency between their behaviour and their sense of self.

Self-monitoring and psychosocial well-being. Snyder (1987) stated that there was no evidence that either high or low self-monitoring was more related to either personal problems or psychopathological conditions. Consistent with this assertion, Snyder and Monson (1975) found no relationship between self-monitoring and measures of neuroticism. Similarly, there have been no demonstrable effects of self-monitoring on anxiety (Snyder, 1974) or scores on the Beck Depression Inventory

(Beck et al., 1961; White-Phelan, 1983, cited in Snyder, 1987). Snyder and Smith (cited in Snyder, 1987) also reported no links between self-monitoring and frequency, length, or severity of major depressive episodes in college students. Based on this information, it was expected that self-monitoring would not have a direct effect on psychosocial well-being.

Self-monitoring and identity management strategies. Snyder and Monson (1975) found that low self-monitors did not use impression management strategies as much as high self-monitors. Low self-monitors were also less affected by situational cues relating to public versus private situations than high self-monitors. Snyder and Monson concluded that the self-presentation of low self-monitors was a more accurate representation of their true beliefs and attitudes. In contrast, high self-monitors should be more pragmatic and less consistent in their relationships with their social groups than low self-monitors (Snyder, 1974). High self-monitors' social mobility and context-dependent variation of self-presentation is conceptually similar to acting straight identity management strategies. I therefore predicted that high self-monitors would use the acting straight identity management strategy to a greater extent than would low self-monitors.

Self-monitoring and in-group identification. Direct investigation of the relationship between self-monitoring and group identification has been limited. However, predictions can be made based on descriptions of high versus low self-monitors. Snyder, Campbell and Preston (1982) noted that low self-monitors value consistency of self-presentation across social situations, with an emphasis on remaining true to their principles even where the prevailing social context was at variance to these principles. In contrast, high self-monitors demonstrated a pragmatic approach to social situations, modifying their self-presentation in response to social context, even where

this was at variance with their own view of self. Based on this distinction, high self-monitors would seem unlikely to manifest a strong, lasting identification with any particular social group but are more likely to identify with social groups on an ad hoc basis, as and when the situation requires them to. In contrast, low self-monitors would be liable to show more consistency in their level of identification with social groups.

There is very little research investigating the extent to which self-monitoring affects group identification. Watson and Behnke (1990) conducted a study using a sample of 57 college students who were placed in leaderless groups and asked to solve a business problem. Participants completed Snyder's (1974) Self-Monitoring Scale, from which factors of *acting*, *extraversion*, and being *other-directed* were extracted. Amongst other measures, participants also completed an assessment of identification with groups, consisting of five items from the Social Values Questionnaire (Perole, 1967).

Interestingly, higher scores on each of the three self-monitoring factors were negatively correlated with identification with groups, suggesting that low self-monitors showed stronger group identification than high self-monitors. However, the findings of this single small study may not generalize to group identification with gay men. The current study aims to investigate this issue further using more extensive and multidimensional measures of group identification. Consistent with Watson and Behnke (1990), I hypothesized that low self-monitors would demonstrate stronger group identification than high self-monitors.

Self-monitoring and closeting. Self-monitoring also seems to be particularly relevant to the use of closeting in gay men. In Studies 2 and 3, I demonstrated that gay men were aware of a discrepancy between their own view of their sexual identity and their perceptions of others' views of their sexual identity. In general, the participants in these studies believed that others perceived them to be "less gay" than they saw

themselves to be. This finding was particularly pronounced for acceptance participants. This awareness of a discrepancy between one's self-perception and the perception of others, in this case related to sexual identity, seems very similar to the self-monitoring construct. For example, in a study of friendship patterns among college students, Snyder, Gangestad and Simpson (1983) found that high self-monitors preferred to have different sets of friends for the different activities that they performed. In contrast, low self-monitors preferred to perform different activities with the same set of friends. High self-monitors' partitioning and segregation of their social environment seems conceptually equivalent to the segregation created through the process of closeting and selective disclosure of the gay identity. The segregation of the social environment creates a situation in which the individual has groups of people who know about the gay identity (e.g., sexual partners and social contacts from within the gay culture) and others who do not know about the identity (e.g., relatives and employers).

Apart from one study by Anderson and Randlet (1993) and unpublished research by Ferguson (1984, cited in Anderson & Randlet, 1993), there has been no investigation of how self-monitoring affects individuals with homosexual identities. Anderson and Randlet found two factors associated with self-monitoring: ability to modify self-presentation and sensitivity to the expressive behaviour of others. Within Anderson and Randlet's study, heterosexual participants demonstrated greater ability to modify self-presentation than homosexual participants. However, the homosexual participants were recruited from a gay social organisation and therefore may not have been equally representative of all stages of HIF. Anderson and Randlet's study also did not explore the issue of closeting.

Ferguson's results indicated that gay men and lesbians who were high self-monitors tended to be more selective about revealing their sexual identity than low self-

monitors. Based on the description of high and low self-monitors provided by Snyder (1974, 1987) as well as the unpublished findings of Ferguson, I predicted that high self-monitors would closet their gay identity to a greater extent than would low self-monitors.

Perceived Group Power

It is also possible that perceived group power influences which identity management strategies are chosen by gay men. Drury, Cocking, Beale, Hanson, and Rapley (2005) found that empowerment within a previously low-power group resulted in collective action towards social change, whereas further disempowerment was not associated with collective action. This finding was particularly pronounced in groups with a strong sense of unity and group identification. I therefore hypothesised that high perceived power conditions would cause participants to endorse the gay enhancement strategy more than the act straight strategy. As Studies 2 and 3 have shown that acceptance participants reported lower group identification than synthesis participants and were also more reactive to changes in the prevailing social context, I predicted that the changes in power conditions would only affect acceptance participants.

Most studies investigating the relationship between power and psychosocial well-being are concerned with relative power within relationship dyads rather than relative power between social groups (e.g., Galliher, Rostosky, Welsh, & Kawaguchi, 1999; Witcher, 2000). These studies have found that mutuality of power within relationships is related to higher levels of subjective well-being for both the couple as a whole as well as the individual members of the dyad. There has been a small number of research studies investigating power relationships and the effects on well-being for minority and majority group members. For example, Lücken and Simon (2005) found

that that low perceived power is associated with negative affect in minority groups. Further, Drury et al. (2005) found that minority group members who become empowered reported experiencing a range of positive emotions including confidence, pride, and enthusiasm. These findings are intriguing, because they suggest that social change could be associated with improvement in well-being for members of minority groups. However, these studies report manipulations of power within laboratory settings, rather than experimental manipulations of power within real-world groups. There is a need to investigate the effects of power on the psychosocial health of real-world minority groups such as gay men. In Study 4, I intended to experimentally manipulate perceptions of the relative group power of heterosexuals and homosexuals in a real-world sample of gay men. Following Lücken and Simon (2005), I predicted that low gay power conditions would result in more pronounced negative affect in gay men compared to high perceived power conditions. I further predicted that low gay power would impact on a range of other measures of psychosocial well-being, including depression, loneliness, self-esteem, and satisfaction with life.

To further build on Lücken and Simon's (2005) study, I investigated the different effects of power on gay men in both the acceptance or synthesis stages of HIF. My previous studies have shown considerable differences between acceptance and synthesis participants in their responses to other manipulations of social factors, including alterations of the perceived permeability of group boundaries and the relative status of the gay group as compared to the straight group. In particular, acceptance individuals appear to be more responsive than synthesis individuals to changes in the social environment. Consistent with this general pattern, I predicted that acceptance participants would show poorer well-being under low perceived power conditions, but that synthesis participants would not be affected by the power manipulation.

Summary of Hypotheses

In summary, I predicted that acceptance participants would demonstrate more closeting, less global identification, more identity salience, and greater use of the acting straight strategy than synthesis participants. I further predicted that closeting (particularly active closeting), global identification, identity salience, and acting straight would mediate the effect of HIF stage on psychosocial well-being.

I predicted that there would be no main effect of self-monitoring on any of the psychosocial well-being measures. I further predicted that high self-monitors would use the acting straight identity management and closeting strategies to a greater extent than would low self-monitors. I hypothesized that low self-monitors would demonstrate stronger group identification than high self-monitors. Finally, I predicted that self-monitoring would moderate the effects of HIF stage on psychosocial well-being.

I predicted that the changes in perceived power conditions would only affect acceptance participants. I hypothesized that high perceived power conditions would cause acceptance participants to endorse the gay enhancement strategy more than the acting straight strategy. I predicted that acceptance participants would show poorer well-being under low perceived power conditions, but that synthesis participants would not be affected by the power manipulation at all.

Method

Participants

The participants were 234 gay males. The sample ranged in age from 16 to 75 years ($M = 37.73$). Nationalities of the sample are provided in Table 6.1. Approximately half of the participants were from the United States of America, and a quarter from

Australia and New Zealand. The Western cultures were most heavily represented, with 92.73% of participants originating from a Western society.

Table 6.1

Nationalities of the Sample

| Nationality | Number | % of Sample |
|---------------------------|--------|-------------|
| United States of America | 125 | 53.42 |
| Australia and New Zealand | 58 | 24.79 |
| Europe | 11 | 4.70 |
| United Kingdom | 17 | 7.26 |
| Canada | 6 | 2.56 |
| Asia | 6 | 2.56 |
| Latin America | 3 | 1.28 |
| Africa | 2 | 0.87 |
| Not Stated | 6 | 2.56 |

Participants' self-reported occupations were classified according to the Australian Standard Classification of Occupations (Australian Bureau of Statistics, 1997). This information is summarised in Table 6.2.

Table 6.2

Occupations of the Sample

| ASCO Occupation Group | Number | % of Sample |
|---|--------|-------------|
| Managers and administrators | 21 | 9.00 |
| Professionals | 88 | 37.60 |
| Associate professionals | 23 | 9.80 |
| Tradespersons and related workers | 4 | 1.70 |
| Advanced clerical and service workers | 6 | 2.60 |
| Intermediate clerical, sales, and service workers | 9 | 3.80 |
| Intermediate production and transport workers | 4 | 1.70 |
| Elementary clerical, sales, and service workers | 14 | 6.00 |
| Labourers and related workers | 1 | .40 |
| Students and retired | 51 | 21.80 |
| Unemployed | 4 | 1.70 |
| Not Stated | 9 | 3.8 |

As shown in Table 6.2, professionals, students, and managers and administrators were the three most represented occupation classifications. This distribution was similar to that observed in Studies 1, 2 and 3.

The procedure for advertising and recruitment into Study 4 was essentially the same as that used in Studies 2 and 3. The website statistics indicated that there had been 383 visits to the initial information page throughout the recruitment period, resulting in a yield of 234 participants who completed the entire study. This roughly equated to a 61.10% participation rate, which was similar to the 64.89% participation rate of Study 1 and greater than the participation rates of Study 2 (53.07%) and Study 3 (52.39%).

Procedure

Overview

Participants completed an initial set of questionnaires. They were then randomly allocated to either the high perceived group power condition, the low perceived group power condition, or a neutral perceived group power condition. Following this, participants completed a second set of questionnaires. These procedures, in order of administration, are described in greater detail below.

Demographic Data

Participants provided their age, occupation and nationality. At the end of the questionnaire, participants were offered the opportunity to provide further comments and opinions.

Gay Identity Questionnaire

The GIQ was again used to categorise participants according to HIF stage. This measure is described fully in Study 1.

Self-Monitoring Scale

I used the 18-item version of the Self-Monitoring Scale (Snyder & Gangestad, 1986) to measure self-monitoring. This version of the self-monitoring scale requires participants to answer “true” or “false” to 18 items. Examples of items include “I find it hard to imitate the behaviour of other people” and “I guess I put on a show to impress or entertain others”. The measure is internally consistent ($\alpha = .70$; Snyder & Gangestad) and has been used successfully in previous research (e.g., Leone & Hall, 2003; Snyder,

1974; Snyder, 1987; Snyder, Berscheid & Glick, 1985; Snyder & Gangestad, 1986; Snyder et al., 1983; Snyder & Simpson, 1984; Snyder, Simpson & Gangestad, 1986). The measure has also been demonstrated to have sound divergent validity. The scale reliably predicted a wide variety of behaviours and criterion variables relevant to self-monitoring, while other constructs such as Machiavellianism, extraversion and need for approval had only weak and statistically nonsignificant effects (for a review, see Snyder, 1987; Snyder & Gangestad, 1986).

Experimental Manipulation

Participants were randomly allocated to one of three perceived group power conditions: low perceived group power; high perceived group power; and a neutral perceived group power condition. Participants in the high perceived group power and low perceived group power conditions read a brief paragraph before proceeding to the second set of questions. In the neutral condition, the participants simply proceeded to the second set of questionnaires without reading a paragraph. The manipulation paragraphs were of equivalent length (around 180 words) and readability. They are provided in full below. Both paragraphs made arguments based on descriptions of social perceptions of gay people, although these were entirely invented for the purpose of the experimental manipulation. This form of experimental manipulation, in which contrived information about relative power is provided to participants, is similar to that used successfully in Simon and Lücken's (2005) investigation, as well as my previous manipulation of perceived group permeability in Study 2 and both perceived group permeability and perceived group status in Study 3.

Low perceived group power manipulation. Participants who were allocated to the low perceived group power condition read a paragraph that described the gay group as having a low power position within society:

In recent times, gay men have had very little power in society, particularly when compared to straight men. At every level of our society, gay men do not have the power that one would expect, especially when one realizes that approximately 10 percent of the population is gay. For example, gay men do not have very much influence in how our society functions, our political process, or even how our legal system operates. This lack of power is also evident in the negative way in which many gay men are treated.

A further example of this lack of power can be seen by examining the dictionary of biography entitled *Portraits of Power: 101 Most Influential Men of the Twentieth Century*. This dictionary contains a biographical list of the most powerful men in the world from 1901 – 2000, and includes detailed biographies of leading entrepreneurs, politicians, businessmen, scientists, etc. Of the 101 entries, only two relate to gay men. This is equivalent to 2% of the subjects, far below the percentage of gay men in the population, estimated to be approximately 10%.

High perceived group power manipulation. Participants who were allocated to the high perceived group power condition read a paragraph that described the gay group as having a high power position within society:

In recent times, gay men have enjoyed increasing power in society, particularly when compared to straight men. At every level of our society, gay men have increasingly obtained the power that one would expect, especially when one realizes that approximately 10 percent of the population is gay. For example, gay men now exert considerable influence on how our society functions, our political process, and even how our legal system operates. This new balance of power is also evident in the increasingly positive way in which many gay men are treated.

A further example of this power can be seen by examining the dictionary of biography entitled *Portraits of Power: 101 Most Influential Men of the Twentieth Century*. This dictionary contains a biographical list of the most powerful men in the world from 1901 – 2000, and includes detailed biographies of leading entrepreneurs, politicians, businessmen, scientists, etc. Of the 101 entries, 10 relate to gay men. This is equivalent to 10% of the subjects, equivalent to the percentage of gay men in the population, estimated to be approximately 10%.

Group Power and Status

I designed a measure of group status and power consisting of 16 items. I again used the status subscales from Study 3. Four items related to the status of gay people and four to the status of straight people. Examples of status items include “society in general sees being gay as prestigious” and “straight people have a high status in our society”. I designed the power subscales for the current study. Four items related to the power of gay people and four to the power of straight people. Examples of power items

include “gay men have a lot of power in our society” and “straight men exert a lot of influence in our society”. Participants rated the statements on a 7-point Likert-type scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*).

In Study 3, I found that the status subscale was internally consistent ($\alpha = .67$). In addition, in Study 3, the scale supported the hypothesis that participants from the later stages of the Cass (1979) homosexual identity formation model would perceive the gay group as having higher status, suggesting that the scale has some criterion validity. The psychometric properties of the combined power and status scale are reported in the Results section following.

Psychosocial Well-Being Measures

Satisfaction with Life Scale. The Satisfaction with Life Scale (Diener et al., 1985) is described fully in Study 1. This measure provided consistency between Studies 1, 2 and 4.

Self-Esteem. The 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965) is the most popular measure of self-esteem. Examples of items include “I feel that I have a number of good qualities” and “I certainly feel useless at times” (reverse scored). Participants rated their level of endorsement of each item on a 4-point Likert-type response scale ranging from 1 (*Strongly disagree*) to 4 (*Strongly agree*). Recent investigations have demonstrated good reliability ($\alpha = .88$, Greenberger, Chen, Dmitrieva & Farruggia, 2003). Factor analysis of the scale generally reveals a two-factor model reflecting the positive and negative wording of the items, although the high amount of shared variance between these factors suggests that there is likely to be a common underlying factor involved (see Corwyn, 2000; Greenberger et al., 2003).

A second measure of self-esteem was the Single Item Self-Esteem Scale (Robins, Hendin, & Trzesniewski, 2001). This measure of global self-esteem requires participants to rate their level of endorsement of the statement “I have high self-esteem” on a 5-point Likert-type response scale ranging from 1 (*Not very true of me*) to 7 (*Very true of me*). The Single Item Self Esteem Scale and the Rosenberg Self Esteem Scale have nearly identical correlations with a wide range of criterion measures, including domain specific self-evaluations, self-evaluative biases, social desirability, personality, psychological and physical health, peer ratings of group behaviour, academic outcomes, and demographic variables (Robins et al., 2001). The advantage of the Single Item Self Esteem Scale is that it is a brief but valid measure of global self-esteem.

Social and Emotional Loneliness Scale. Loneliness was assessed using the Social and Emotional Loneliness Scale for Adults – short version (SELS; DiTommaso, Brannen & Best, 2004). This 15-item scale included three subscales assessing romantic, social and family loneliness. Examples of items include, “I feel alone when I am with my family”, “I feel part of a group of friends” (reverse scored), and “I wish I had a more satisfying romantic relationship”. Participants rated each item on a 7-point Likert-type response scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). Each subscale demonstrated good reliability (α s ranging from .87 to .90; DiTommaso et al., 2004). The subscales correlated positively with the UCLA Loneliness Scale (Russell et al., 1978, 1980; DiTommaso et al., 2004), suggesting good concurrent validity. Cramer and Barry (1999) compared several measures of loneliness and strongly recommended the use of the SELS for researchers conducting multidimensional investigations of loneliness.

In the present research, I coded the data from this scale in such a way that low scores indicated increased loneliness and high scores indicated less loneliness. This coding approach allowed clearer comparisons with the other measures of well-being.

Depression-Happiness Scale. The Depression-Happiness Scale (McGreal & Joseph, 1993) was again used to measure the extent of depression and happiness. This scale is described fully in Study 1.

Affect Ratings. The affect rating scale (Lücken & Simon, 2005) provided an assessment of positive and negative affect. This 12-item scale consisted of five items related to positive affect, and seven items related to negative affect. Examples of the adjectives include “cheerful”, “relaxed”, “sad” (reverse scored) and “aggressive” (reverse scored). Participants rated the extent to which each of twelve adjectives described their current emotional state using a 7-point Likert-type ranging from 0 (*Not true*) to 6 (*Very true*). The adjectives were selected from the Janke and Debus (1978) adjective checklist, and all have sound face validity as descriptors of positive and negative affect states. Lücken and Simon (2005) found that the affect rating scale had sound reliability ($\alpha = .91$ in a laboratory group setting; .69 in a real group setting).

Gay In-Group Identification Scale

The Gay In-Group Identification Scale designed for Study 3 again provided a measure of the extent of in-group identification. Only the global identification and identity salience subscales were administered in Study 4, as I found that these were the two primary dimensions of the measure in Study 3. The global identification and identity salience subscales demonstrated key differences between acceptance and synthesis participants in Study 3, and an aim of Study 4 was to replicate these findings. The global identification and identity salience subscales demonstrated good reliability in Study 3 ($\alpha = .75$ and $.82$ respectively).

Identity Management Strategies Scale

The Identity Management Strategies Scale provided a measure of identity management strategies used by participants. This measure is described more fully in Study 3. I made some minor changes to the wording of some items in an attempt to improve the reliability of some subscales. In general, the subscales demonstrated acceptable reliability in Study 3, with α s ranging from 0.57 to 0.84.

Closeting

The first measure of closeting was the Self-Other Closeting Scale, which is described more fully in Study 3. The scale demonstrated excellent reliability in Study 3 ($\alpha = .90$). Participants in the earlier stage of the Cass (1979) homosexual identity formation model also demonstrated closeting to a significantly greater extent than later stage participants, providing evidence of criterion group validity.

The second measure of closeting was the Passive-Active Closeting Scale (PACS). I designed this scale to assess both the extent to which an individual conceals his gay identity and the extent to which this is an active or a passive process. The scale consists of two 5-item subscales. An example of an active closeting subscale item is “I sometimes tell people that I am straight if I think that this will make things easier for me”. An example of a passive closeting subscale item is “sometimes people assume I am straight, and that is okay with me”. Participants rated each item on a 7-point Likert-type response scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). The reliability and validity of this measure are reported in the Results section below.

Results

Categorising Participants According to Identity Stage and Self-Monitoring

The acceptance and synthesis subscales of the GIQ both had acceptable reliability ($\alpha = .83$ & $.84$ respectively). This was consistent with the reliability findings reported in Studies 1, 2 and 3. The GIQ results categorised 109 participants (46.6% of the total sample) as being in the acceptance stage and 125 participants (53.4% of the sample) as being in the synthesis stage of HIF. This is comparable to the distribution of the samples in Study 1, which was composed of 48.1% acceptance participants and 51.9% synthesis participants¹⁹, Study 2, which was composed of 36.2% acceptance participants and 63.8% synthesis participants, and Study 3, which was composed of 44.8% acceptance participants and 55.2% synthesis participants.

The Self-Monitoring Scale demonstrated acceptable reliability ($\alpha = .73$). This level of reliability is similar to that reported by Snyder and Gangestad (1986). There were no significant differences in self-monitoring according to HIF stage, $F(1, 232) = .11$, $p = .74$, indicating that it was appropriate to treat these two variables as orthogonal independent variables in my analysis. Participants were allocated into either a high or low self-monitoring group based on a median split, a procedure used in recent self-monitoring research (e.g., Leone & Hall, 2003).

Table 6.3 provides a cross tabulation of participants according to perceived group power condition and self-monitoring for the acceptance and synthesis HIF stages.

¹⁹ This percentage was calculated based only on the acceptance and synthesis participants in Study 1, in which participants from each of the HIF stages had been included.

Table 6.3

Participant Distribution by HIF Stage, Perceived Group Power and Self-Monitoring

| Acceptance Participants | | | |
|-------------------------|-----------------|------|-------|
| Power | Self-Monitoring | | Total |
| | Low | High | |
| Low | 16 | 19 | 37 |
| Neutral | 19 | 20 | 39 |
| High | 22 | 12 | 34 |
| Total | 57 | 51 | 108 |

| Synthesis Participants | | | |
|------------------------|-----------------|------|-------|
| Power | Self-Monitoring | | Total |
| | Low | High | |
| Low | 28 | 17 | 45 |
| Neutral | 19 | 19 | 38 |
| High | 18 | 22 | 40 |
| Total | 65 | 58 | 123 |

As shown in Table 6.3, most cells had approximately 20 participants. The exceptions were the synthesis/low perceived group power/low self-monitoring cell ($N = 28$) and the acceptance/high perceived group power /high self-monitoring cell ($N = 12$).

Manipulation Checks

The subscales of the combined status and power measure all demonstrated good reliability: perceived gay group power $\alpha = .80$; perceived straight group power $\alpha = .86$; perceived gay group status $\alpha = .79$; and perceived straight group status $\alpha = .77$.

I used a 2 (HIF stage: acceptance/synthesis) x 3 (perceived group power: low/neutral/high) MANOVA to check the effectiveness of the perceived group power manipulation. The dependent variables included perceived gay group power, perceived

straight group power, perceived gay group status, and perceived straight group status.

The multivariate test was not significant for the main effect of power, the main effect of HIF stage, or the interaction between power and HIF stage, $ps > .06$. This result suggested that the power manipulation did not work as expected, with no differences in perceived power or status observed according to the perceived group power manipulation.

Effects of HIF Stage, Self-Monitoring and Perceived Group Power on Measures of Well-Being

As expected, the psychosocial well-being variables were all strongly correlated with one another. Table 6.4 summarises these correlations.

Table 6.4

Correlations between Psychosocial Well-Being Variables

| | SWLS | S-ES | SIS-E | D-HS | ARS | FaL | FrL | RoL |
|-------------------------------------|------|-------|-------|-------|-------|-------|-------|-------|
| Satisfaction with Life Scale (SWLS) | 1 | .50** | .56** | .65** | .58** | .34** | .39** | .46** |
| Self-Esteem Scale (S-ES) | - | 1 | .50** | .65** | .56** | .31** | .35** | .28** |
| Single Item Self-Esteem (SIS-E) | - | - | 1 | .66** | .55** | .19** | .30** | .29** |
| Depression-Happiness Scale (D-HS) | - | - | - | 1 | .81** | .42** | .50** | .38** |
| Affect Rating Scale (ARS) | - | - | - | - | 1 | .42** | .50** | .27** |
| Family Loneliness (FaL) | - | - | - | - | - | 1 | .46** | .22** |
| Friendship Loneliness (FrL) | - | - | - | - | - | - | 1 | .30** |
| Romantic Loneliness (RoL) | - | - | - | - | - | - | - | 1 |

** $p < .01$.

Multivariate analysis of variance is appropriate when the dependent variables are correlated (Howell, 1992). I therefore used a 2 (HIF stage: acceptance/synthesis) x 2

(self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects MANOVA. The dependent variables included satisfaction with life, self-esteem, the single-item self-esteem score, depression-happiness, affect ratings, family loneliness, friendship loneliness and romantic loneliness. The multivariate test showed a significant main effect of HIF stage, Pillai's trace = .25; $F(8, 208) = 8.60, p < .01$. The multivariate test also showed a significant main effect of self-monitoring, Pillai's trace = .12; $F(8, 208) = 3.48, p < .01$. The multivariate test showed no significant main effect of power, nor any significant interaction effects, $ps > .13$. The subsequent ANOVAs investigating the main effects of HIF stage and self-monitoring for each of the psychosocial well-being measures are discussed below.

Satisfaction with Life

There was a significant main effect of HIF stage on satisfaction with life, $F(1, 215) = 9.54, p < .01$. As predicted, synthesis participants reported higher satisfaction with life ($M = 22.24$) than acceptance participants ($M = 19.10$). This replicated the findings of Studies 1 and 3. Consistent with predictions, there was no significant effect of self-monitoring on satisfaction with life, $p = .79$.

Single Item Self-Esteem

Contrary to predictions, there were no significant effects of HIF stage, power, or self-monitoring on the single item self-esteem scale, $ps > .09$.

Self-Esteem Scale

There was a significant main effect of HIF stage on the Self-Esteem Scale total scores, $F(1, 215) = 15.62, p < .01$. As predicted, synthesis participants reported higher

self-esteem ($M = 31.88$) than acceptance participants ($M = 28.50$). This replicated the findings of Studies 1 and 3. Consistent with predictions, there was no significant effect of self-monitoring on self-esteem, $p = .08$.

Social and Emotional Loneliness Scale

Family loneliness. There was a significant main effect of HIF stage on the family loneliness subscale, $F(1, 215) = 15.02, p < .01$. As predicted, acceptance participants reported worse family loneliness ($M = 22.56$) than synthesis participants ($M = 26.67$).

Friendship loneliness. There was a significant main effect of HIF stage on the SELS friendship loneliness subscale, $F(1, 220) = 52.26, p < .01$. As predicted, acceptance participants reported worse friendship loneliness ($M = 21.69$) than did synthesis participants ($M = 27.79$).

There was also a main effect of self-monitoring on the friendship loneliness subscale, $F(1, 215) = 6.28, p = .01$. In contrast to my prediction that self-monitoring would not demonstrate a significant effect on any of the well-being variables, low self-monitors reported worse friendship loneliness ($M = 24.02$) than high self-monitors ($M = 26.13$).

Romantic loneliness. There was a significant main effect of HIF stage on the romantic loneliness subscale, $F(1, 215) = 20.29, p < .01$. As predicted, acceptance participants reported worse romantic loneliness ($M = 13.12$) than synthesis participants ($M = 19.49$).

Depression-Happiness Scale

There was a significant main effect of HIF stage on the Depression-Happiness Scale total score, $F(1, 215) = 14.94, p = .01$. As predicted, acceptance participants reported lower levels of happiness ($M = 42.03$) than synthesis participants ($M = 49.20$). This replicated the findings of Study 1. Consistent with predictions, there was no significant effect of self-monitoring on depression-happiness, $p = .30$.

Affect Rating Scale

There was a significant main effect of HIF stage on the affect rating scale, $F(1, 215) = 19.40, p < .01$. As predicted, synthesis participants reported more positive affect ($M = 62.05$) than acceptance participants ($M = 53.24$). Consistent with predictions, there was no significant effect of self-monitoring on affect ratings, $p = .98$.

Global Well-Being Factor Analysis

The previous analyses demonstrated that each of the well-being variables (apart from the single-item self-esteem ratings) displayed a similar effect of HIF stage. That is, there was a consistent main effect that acceptance participants reported worse well-being than synthesis participants. In addition, the well-being variables were also strongly correlated, as shown in Table 6.4 above. The dependent variables are also theoretically related to one another because they all measure psychosocial well-being. Given the empirical and theoretical relationships between the well-being variables, I conducted a factor analysis on the depression-happiness, satisfaction with life, loneliness, and self-esteem variables in order to examine the possibility of an overall well-being factor.

Following the same procedure as in Study 1, I conducted a principal axis factor analysis (Russell, 2002; Widaman, 1993). Factors were selected based on the scree test (see Figure 6.1), which is appropriate for the principal axis factoring method (Fabrigar et al., 1999; Russell, 2002). As shown in Figure 6.1, there was a single-factor solution, accounting for 52.46% of the variance, with an eigenvalue of 4.20. No rotation was used due to the single factor solution.

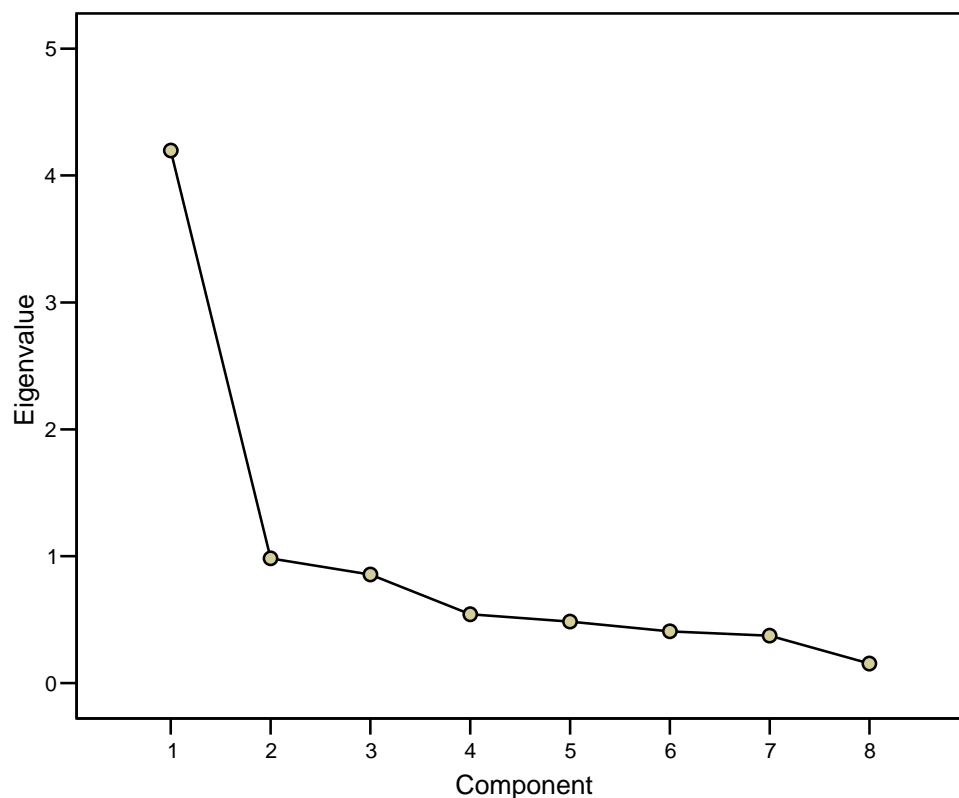


Figure 6.1. Scree plot of the psychosocial well-being factor analysis.

Each well-being variable loaded positively and moderately to strongly on the single factor (satisfaction with life = .75, single-item self-esteem = .67, self-esteem scale = .68, depression-happiness = .93, affect rating scale = .82, family loneliness = .47, friendship loneliness = .57, romantic loneliness = .44). This factor appeared to be

related to satisfaction with life, high self-esteem, happiness, positive affect, and an absence of loneliness. This factor appeared to be similar to that observed in Study 1, and was labelled *well-being*.

As in Study 1, I used an item summation approach (Russell, 2002). I calculated a well-being index by standardising the satisfaction with life, single-item self-esteem, self-esteem scale, depression-happiness, affect rating scale, family loneliness, friendship loneliness, and romantic loneliness scores and adding the results.

I conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects ANOVA using the well-being index as the dependent variable. There was a significant effect of stage, $F(1, 215) = 33.73, p < .01$. As predicted, synthesis participants' well-being was significantly higher ($M = 2.03$) than that of acceptance participants ($M = -2.15$). This finding replicated the MANOVA reported previously, as well as the main findings of Study 1. As predicted, there was no significant effect of self-monitoring on well-being, $p = .58$. In contrast to predictions, there was no significant interaction between HIF stage and power, $p = .64$.

Mediation of the Effect of HIF Stage on Psychosocial Well-Being

Closeting

Self-Other Closeting Scale. The Self-Other Closeting Scale demonstrated acceptable reliability ($\alpha = .89$) as well as positive correlations with both the passive and active closeting subscales of the PACS ($r = .42, p = .01$ and $r = .45, p = .01$ respectively). This provided evidence of the scale's convergent validity.

I conducted a mediation analysis to explore whether the effect of stage on well-being was mediated by participants' scores on the Self-Other Closeting Scale. The first

condition of the mediation analysis (Path a in Figure 4.1) requires that the independent variable (HIF stage) accounts for variations in the potential mediators (Self-Other Closeting Scale). I conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) between-subjects ANOVA on participants' Self-Other Closeting Scale total scores. Note that power was not used as an independent variable for this analysis, because the closeting items were completed prior to the power manipulation and so would not be expected to vary according to the power manipulation. There was a main effect of HIF stage on the Self-Other Closeting Scale score, $F(1, 230) = 84.71, p = .01^{20}$. Consistent with predictions, acceptance participants ($M = 2.42$) reported greater closeting than synthesis participants ($M = .95$). The first condition for mediation was therefore met for participants' Self-Other Closeting Scale total scores.

The second condition of the mediation analysis (Path b in Figure 4.1) requires that variations in the potential mediator (Self-Other Closeting Scale) significantly account for variations in the dependent variables of interest (satisfaction with life, single-item self-esteem, self-esteem scale, depression-happiness, affect rating scale, family loneliness, friendship loneliness, romantic loneliness and the overall well-being index). I conducted a correlation analysis of the well-being variables and the Self-Other Closeting Scale total. Table 6.5 summarises these correlations.

²⁰ There was no main effect of self-monitoring, $p = .63$. There was also no interaction between HIF stage and self-monitoring, $p = .58$.

Table 6.5

*Correlations of the Psychosocial Well-Being Variables and Self-Other Closeting Scale**Total Scores*

| | Self-Other Closeting Scale |
|-------------------------------------|-------------------------------|
| Satisfaction with Life Scale (SWLS) | -.17** |
| Self-Esteem Scale (S-ES) | -.15* |
| Single Item Self-Esteem (SIS-E) | -.19** |
| Depression-Happiness Scale (D-HS) | -.17* |
| Affect Rating Scale (ARS) | -.15* |
| Family Loneliness (FaL) | -.14* |
| Friendship Loneliness (FrL) | -.31** |
| Romantic Loneliness (RoL) | -.16* |
| Well-being Index | -.26* |

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

As shown in Table 6.5, there were small but significant negative correlations between each of the well-being dependent variables and the Self-Other Closeting Scale. These correlations indicated that variations in closeting significantly accounted for variations in the well-being dependent variables. Hence, the second requirement for mediation was met.

The final requirement for mediation is that when the effects of the potential mediator are statistically controlled, the effect of the mediator (Self-Other Closeting Scale) on the dependent variables (satisfaction with life, single-item self-esteem, self-esteem scale, depression-happiness, affect rating scale, family loneliness, friendship loneliness, romantic loneliness and the well-being index) should remain significant, but the effect of the independent variable (HIF stage) on the dependent variables (Path c in Figure 4.1) must lose significance. I therefore conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power:

low/neutral/high) between-subjects MANCOVA. The dependent variables included satisfaction with life, self-esteem, the single-item self-esteem score, depression-happiness, affect ratings, family loneliness, friendship loneliness, and romantic loneliness. The Self-Other Closeting Scale was added as the covariate. The multivariate test showed a significant main effect of HIF stage, Pillai's trace = .18; $F(8, 207) = 5.81$, $p < .01$ ²¹. Subsequent ANOVAs revealed that the significant main effect of HIF stage remained significant for the following well-being variables: satisfaction with life, $F(1, 214) = 4.40$, $p = .04$; Self-Esteem Scale total scores, $F(1, 214) = 10.00$, $p < .01$; family loneliness, $F(1, 214) = 9.22$, $p < .01$; friendship loneliness, $F(1, 214) = 27.83$, $p < .01$; romantic loneliness, $F(1, 214) = 14.34$, $p < .01$; depression-happiness, $F(1, 214) = 8.27$, $p < .01$; and the affect rating scale, $F(1, 214) = 13.28$, $p < .01$. Furthermore, the multivariate test revealed no significant main effect of the potential mediator, the Self-Other Closeting Scale, Pillai's trace = .04; $F(8, 207) = 1.11$, $p = .36$. Hence, the final requirement for mediation was therefore not met.

I also conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects ANCOVA using the well-being index as the dependent variable, and the Self-Other Closeting Scale as the covariate. The significant main effect of HIF stage remained for the well-being index, $F(1, 214) = 18.89$, $p < .01$. In contrast, the Self-Other Closeting Scale covariate did not reach significance, $p = .21$. The final requirement for mediation was therefore not met. These results indicated that the Self-Other Closeting Scale total score did not mediate the relationship between HIF stage and psychosocial well-being.

Passive-Active Closeting Scale. The PACS demonstrated acceptable reliability (overall $\alpha = .88$; passive subscale $\alpha = .85$; active subscale $\alpha = .86$). As expected, the

²¹ The multivariate test also showed a significant main effect of self-monitoring, Pillai's trace = .12; $F(8, 207) = 3.50$, $p < .01$. The multivariate test showed no significant main effect of power, and no significant interaction effects, $ps > .15$.

passive and active subscales demonstrated a significant positive correlation ($r = .50, p < .01$), indicating that passive closeting and active closeting are related but independent constructs. To investigate the factor structure of the PACS, I conducted a principal axis factor analysis (Russell, 2002; Widaman, 1993) on the individual PACS items. I used an oblique (promax) rotation in order to take account of the possibility that the factors could be correlated with one another (Fabrigar et al., 1999; Russell, 2002, p. 1638). Factors were selected based on the scree test (see Figure 6.2). As shown in Figure 6.2, there was a two-factor solution, accounting for a total of 64.50% of the variance. The two-factor solution supported the passive-active distinction, showing that despite being correlated the two subscales appeared to be conceptually distinct.

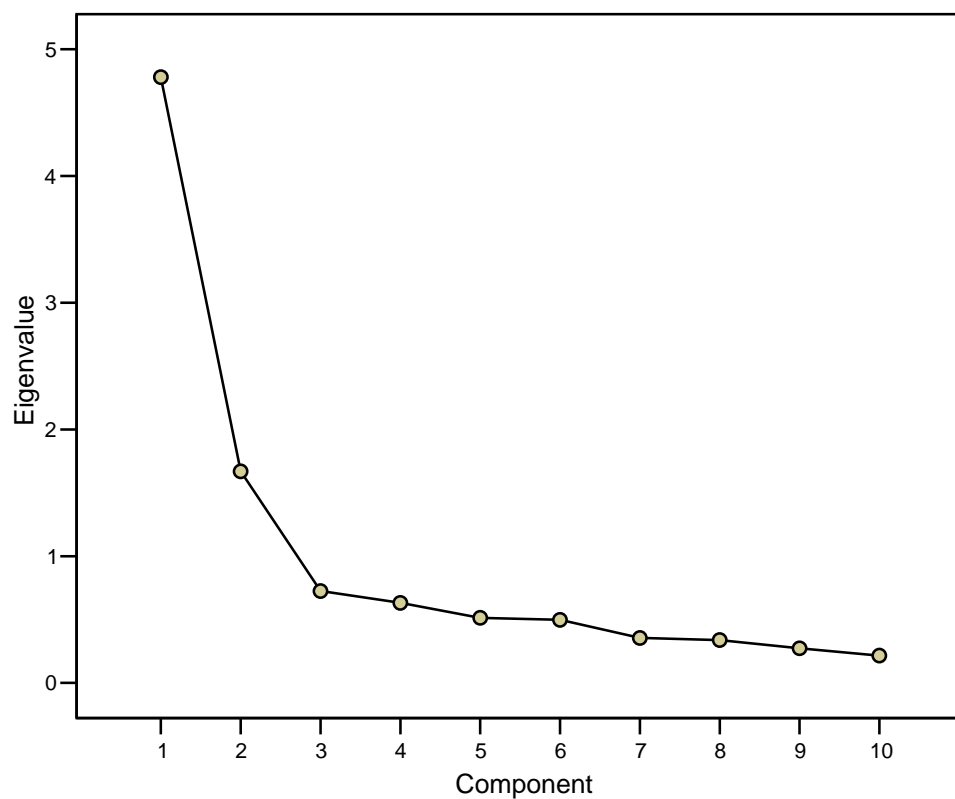


Figure 6.2. Scree plot of the Passive-Active Closeting Scale items factor analysis.

The pattern matrix is provided in Table 6.6. Factor loadings less than .3 are not shown.

Table 6.6

Pattern Matrix for the Passive Active Closeting Scale

| PACS Item | Factor | |
|--|--------|-------|
| | 1 | 2 |
| 6. I sometimes change how I act so that other people will think I am straight. | .90 | |
| 8. I would lie and say I was straight if I felt I had to. | .78 | |
| 10. I find myself “acting straight” when I meet new people, especially if I don’t know how they feel about gay people. | .75 | |
| 2. I sometimes tell people that I am straight if I think that this will make things easier for me. | .72 | |
| 4. I would consider going out with a female if it maintained my straight image. | .71 | |
| 3. Sometimes people assume I am straight, and that is okay with me. | | .84 |
| 1. If people think that I am straight, I do not correct them. | | .79 |
| 7. People sometimes make the mistake of thinking that I am straight, and that is not my problem. | | .74 |
| 5. I do not think it is up to me to put someone right when they assume I am straight. | | .63 |
| 9. I am one of those gay guys who can pass as straight without even trying. | | .61 |
| % of Variance Explained | 47.80 | 16.70 |

The first factor accounted for 47.80% of the variance and had an eigenvalue of 4.37. Items from the active closeting subscale showed the strongest positive loadings on this factor (ranging from .71 to .90). I labelled this factor *active closeting*.

The second factor accounted for 16.70% of the variance and had an eigenvalue of 1.67. Items from the passive closeting subscale showed the strongest positive loadings on this factor (ranging from .61 to .84). I labelled this factor *passive closeting*.

I conducted a mediation analysis to explore whether the effect of stage on well-being was mediated by participants' scores on the Passive-Active Closeting Scale. The first condition of the mediation analysis (Path a in Figure 4.1) requires that the independent variable (HIF stage) accounts for variations in the potential mediators (active closeting and passive closeting). I conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) between-subjects MANOVA on participants' active closeting and passive closeting total scores. Note that power was not used as an independent variable for this analysis, because the closeting items were completed prior to the power manipulation. The multivariate test showed a significant main effect of HIF stage, Pillai's trace = .42; $F(2, 229) = 83.50, p < .01$. The multivariate test also showed a significant main effect of self-monitoring, Pillai's trace = .06; $F(2, 229) = 7.72, p < .01$. However, the MANOVA revealed no significant interaction, $p = .35$.

Subsequent ANOVAs revealed a significant main effect of HIF stage on active closeting, $F(1, 230) = 155.75, p < .01$. As predicted, acceptance participants used active closeting ($M = 22.70$) more than synthesis participants ($M = 15.26$). There was also a main effect of self-monitoring on active closeting, $F(1, 230) = 10.32, p < .01$. As predicted, high self-monitors used active closeting ($M = 18.21$) more than low self-monitors ($M = 15.26$).

There was also a main effect of HIF stage on passive closeting, $F(1, 230) = 56.84, p < .01$. As predicted, acceptance participants used passive closeting ($M = 27.69$)

more than synthesis participants ($M = 21.05$). There was no main effect of self-monitoring on passive closeting, $p = .30$.

These results indicated that HIF stage exerted a significant main effect on both passive and active closeting. The first condition for mediation was therefore met for both passive and active closeting.

The second condition of the mediation analysis (Path b in Figure 4.1) requires that variations in the potential mediator (active and passive closeting) significantly account for variations in the dependent variables of interest (satisfaction with life, single-item self-esteem, self-esteem scale, depression-happiness, affect rating scale, family loneliness, friendship loneliness, romantic loneliness and the well-being index). I conducted a correlation analysis of the well-being variables and the active closeting and passive closeting scores. Table 6.7 summarises these correlations.

Table 6.7

Correlations of the Psychosocial Well-Being Variables and Passive-Active Closeting Subscale Total Scores

| | Active Closeting | Passive Closeting |
|-------------------------------------|------------------|-------------------|
| Satisfaction with Life Scale (SWLS) | -.15* | -.05 |
| Self-Esteem Scale (S-ES) | -.09 | -.09 |
| Single Item Self-Esteem (SIS-E) | -.02 | -.02 |
| Depression-Happiness Scale (D-HS) | -.21** | -.03 |
| Affect Rating Scale (ARS) | -.23** | -.09 |
| Family Loneliness (FaL) | -.18** | -.06 |
| Friendship Loneliness (FrL) | -.36** | -.21** |
| Romantic Loneliness (RoL) | -.22** | -.10 |
| Well-being Index | -.31** | -.14* |

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

As shown in Table 6.7, there were small but significant negative correlations between active closeting and each of the well-being dependent variables apart from those related to self-esteem. There were also small but significant negative correlations between passive closeting and the well-being index and the friendship loneliness variable. These correlations showed that use of active closeting was associated with significant variations in all of the well-being dependent variables apart from those related to self-esteem. Similarly, passive closeting was associated with significant variations in friendship loneliness and the well-being index. Hence, the second requirement for mediation was met by the active closeting and passive closeting variables, but only for selected well-being variables.

The final requirement for mediation is that when the effects of the potential mediator are statistically controlled, the effect of the potential mediator (active closeting and passive closeting) on the dependent variables (satisfaction with life, depression-happiness, affect rating scale, family loneliness, friendship loneliness, romantic loneliness and the well-being index) should remain significant, but the effect of the independent variable (HIF stage) on the dependent variables (Path c in Figure 4.1) must lose significance. I therefore conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects MANCOVA using active closeting as the covariate. The dependent variables included satisfaction with life, depression-happiness, affect ratings, family loneliness, friendship loneliness, and romantic loneliness. The multivariate test revealed a significant main effect of HIF stage, Pillai's trace = .09; $F(6, 212) = 3.65, p < .01$ ²². In contrast, the multivariate test revealed that the active closeting covariate did not exert a significant

²² The multivariate test also revealed as significant main effect of self-monitoring, Pillai's trace = .07; $F(6, 212) = 2.84, p = .01$. The multivariate tests revealed no main effect of power, and no interaction effects, $ps > .25$.

effect, Pillai's trace = .04; $F(6, 212) = 1.49, p = .18$. Subsequent ANOVAs revealed that the main effect of HIF stage remained significant for the following well-being variables: satisfaction with life, $F(1, 214) = 3.78, p = .05$; depression-happiness, $F(1, 214) = 3.75, p = .05$; the affect rating scale, $F(1, 230) = 6.92, p < .01$; family loneliness, $F(1, 230) = 6.06, p = .02$; friendship loneliness, $F(1, 230) = 14.98, p < .01$; and romantic loneliness, $F(1, 230) = 7.47, p = .01$. The main effect of HIF stage was lost for the satisfaction with life and depression-happiness well-being variables, $ps > .06$. The final requirement for mediation was not met by active closeting because active closeting failed to exert a significant effect when added to the analysis as a covariate.

I also conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects ANCOVA using passive closeting as the covariate, and friendship loneliness as the dependent variable. The main effect of HIF stage on friendship loneliness remained significant, $F(1, 219) = 43.98, p < .01$. In contrast, the passive closeting covariate did not reach significance, $p = .95$. The final requirement for mediation was therefore not met by passive closeting.

I also conducted two 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects ANCOVAs using the well-being index as the dependent variable. I used active closeting as the covariate in the first ANCOVA, and passive closeting as the covariate in the second ANCOVA.

In the first ANCOVA, the active closeting covariate reached significance, $F(1, 214) = 3.93, p = .05$. However, the main effect of HIF stage remained significant for the well-being index, $F(1, 214) = 10.46, p < .01$. The final requirement for mediation was therefore not met for active closeting.

In the second ANCOVA, the passive closeting covariate did not reach significance, $p = .55$, and the significant main effect of HIF stage remained for the well-being index, $F(1, 214) = 29.01, p < .01$. Hence, the final requirement for mediation was not met for passive closeting.

Summary. The mediation analysis indicated that neither the Self-Other Closeting Scale, active closeting, nor passive closeting mediated the relationship between HIF stage and psychosocial well-being. This supported the finding of Study 2 that closeting did not mediate psychosocial well-being.

In-Group Identification

Global identification. The global identification subscale of the Gay In-Group Identification Scale demonstrated acceptable reliability ($\alpha = .87$). This was similar to that reported in Study 3 ($\alpha = .75$).

Spencer, Zanna, and Fong (2005, p. 848) indicated that potential mediators must be theoretically distinct from the independent and dependent variables, for mediation analyses to be theoretically meaningful. Cass' (1979) model of HIF clearly posits that later stages of gay identity are associated with greater identification with the gay identity than earlier stages. In Study 3, I also found that synthesis participants showed greater in-group identification than acceptance participants. Before considering global identification as a potential mediator, it was important to show that the HIF stages did not simply represent differences in identification. I correlated participants' acceptance subscale raw scores, participants' synthesis subscale raw scores, and participants' global identification scores. As expected, global identification correlated negatively with acceptance subscale raw scores ($r = -.47, p < .01$) and positively with synthesis subscale raw scores ($r = .39, p < .01$). The size of the correlations provided evidence supporting

the argument that identification and stages of gay identity are related but independent constructs.

I conducted a mediation analysis to explore whether the effect of stage on well-being was mediated by participants' scores on the global identification subscale. The first condition of the mediation analysis (Path a in Figure 4.1) requires that the independent variable (HIF stage) accounts for variations in the potential mediators (global identification). I conducted a 2 (HIF stage: acceptance/synthesis) x 3 (power: low/control/high) x 2 (self-monitoring: low/high) between-subjects ANOVA on the measure of global identification. There was a significant main effect of HIF stage, $F(1, 218) = 55.68, p = .01$. As predicted, synthesis participants displayed stronger identification ($M = 20.87$) than acceptance participants ($M = 15.67$). This finding replicated those of Studies 2 and 3 and fulfilled the first requirement for mediation. In addition, the ANOVA revealed a significant main effect of self-monitoring, $F(1, 220) = 5.28, p = .02$. As predicted, low self-monitors displayed stronger in-group identification ($M = 19.17$) than high self-monitors ($M = 17.60$)²³. There was no significant two-way interaction between HIF stage and self-monitoring ($p = .16$).

The second condition of the mediation analysis (Path b in Figure 4.1) requires that variations in the potential mediator (global identification) significantly account for variations in the dependent variables of interest (satisfaction with life, single-item self-esteem, self-esteem scale, depression-happiness, affect rating scale, family loneliness, friendship loneliness, romantic loneliness and the well-being index). I conducted a correlation analysis of the well-being variables and global identification. Table 6.8 summarises these correlations.

²³ The significant main effect of self-monitoring on in-group identification was confirmed in a two-tailed correlation analysis, which revealed a significant negative correlation between self-monitoring and group identification ($r = -.15, p = .02$).

Table 6.8

Correlations of the Psychosocial Well-Being Variables and Global Identification

| | Global Identification |
|-------------------------------------|-----------------------|
| Satisfaction with Life Scale (SWLS) | .22** |
| Self-Esteem Scale (S-ES) | .39** |
| Single Item Self-Esteem (SIS-E) | .18** |
| Depression-Happiness Scale (D-HS) | .26** |
| Affect Rating Scale (ARS) | .27** |
| Family Loneliness (FaL) | .30** |
| Friendship Loneliness (FrL) | .38** |
| Romantic Loneliness (RoL) | .20** |
| Well-being Index | .39** |

** $p < .01$.

As shown in Table 6.8, there were small but significant positive correlations between global identification and each of the well-being dependent variables, indicating that, as predicted, greater global identification was associated with better psychosocial well-being. Hence, the second requirement for mediation was met by the global identification variable.

The final requirement for mediation is that when the effects of the potential mediator are statistically controlled, the effect of the potential mediator (global identification) on the dependent variables (satisfaction with life, single-item self-esteem, self-esteem scale, depression-happiness, affect rating scale, family loneliness, friendship loneliness, romantic loneliness and the well-being index) should remain significant, but the effect of the independent variable (HIF stage) on the dependent variables (Path c in Figure 4.1) must lose significance. I therefore conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power:

low/neutral/high) between-subjects MANCOVA. The dependent variables included satisfaction with life, self-esteem, the single-item self-esteem score, depression-happiness, affect ratings, family loneliness, friendship loneliness, and romantic loneliness. I added global identification as the covariate. The multivariate test showed a significant effect of the global identification covariate, Pillai's trace = .15; $F(8, 203) = 4.60, p < .01$. The multivariate test also revealed significant main effects of HIF stage, Pillai's trace = .14; $F(8, 203) = 4.00, p < .01$, and self-monitoring, Pillai's trace = .12; $F(8, 203) = 3.35, p < .01$. There was no significant main effect of power, and no significant interaction effects, $ps > .14$.

Subsequent ANOVAs revealed that the global identification covariate reached significance for the following psychosocial well-being variables: satisfaction with life, $F(1, 211) = 4.79, p = .03$; single-item self-esteem, $F(1, 211) = 5.35, p = .02$; Self-Esteem Scale total scores, $F(1, 211) = 21.29, p < .01$; family loneliness, $F(1, 211) = 12.14, p < .01$; friendship loneliness, $F(1, 211) = 16.70, p < .01$; depression-happiness, $F(1, 211) = 6.89, p = .01$; and the affect rating scale, $F(1, 211) = 5.32, p = .02$.

The main effect of HIF stage became nonsignificant for satisfaction with life, $F(1, 211) = 2.79, p = .10$. Sobel's test²⁴ confirmed that global identification fully mediated the effect of HIF stage on satisfaction with life, $z = 2.14, p = .03$.

The main effect of HIF stage also became nonsignificant for Self-Esteem Scale total scores, $F(1, 211) = 2.60, p = .11$. Sobel's test confirmed that global identification fully mediated the effect of HIF stage on self-esteem total scores, $z = 4.13, p < .01$.

There was a reduction in the significance of the main effect of HIF stage for family loneliness, $F(1, 211) = 3.93, p = .05$. Sobel's test confirmed that global

²⁴ Sobel's (1982) test is a significance test in which a z score is calculated, in order to determine whether the indirect effect of the independent variable on the dependent variable by means of the mediator is significantly different from zero.

identification partially mediated the effect of HIF stage on family loneliness, $z = 3.12$, $p < .01$.

There was also a reduction in the significance of the main effect of HIF stage for friendship loneliness, $F(1, 211) = 21.78$, $p < .01$. Sobel's test confirmed that global identification partially mediated the effect of HIF stage on friendship loneliness, $z = 3.38$, $p < .01$.

There was also a reduction in the significance of the main effect of HIF stage for depression-happiness, $F(1, 211) = 5.61$, $p = .02$. Sobel's test confirmed that global identification partially mediated the effect of HIF stage on depression-happiness, $z = 2.40$, $p = .02$.

There was also a reduction in the significance of the main effect of HIF stage for the affect rating scale, $F(1, 211) = 8.79$, $p < .01$. Sobel's test confirmed that global identification partially mediated the effect of HIF stage on affect, $z = 2.32$, $p = .02$.

However, the significant main effect of HIF stage remained for romantic loneliness, $F(1, 211) = 11.36$, $p < .01$.

I also conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects ANCOVA using the well-being index as the dependent variable and global identification as the covariate. The global identification covariate reached significance, $F(1, 210) = 17.48$, $p < .01$. There was a reduction in the significance of the main effect of HIF stage for the well-being index, $F(1, 210) = 11.90$, $p < .01$. Sobel's test confirmed that global identification partially mediated the effect of HIF stage on the well-being index, $z = 3.63$, $p < .02$.

Identity salience. The identity salience of identity subscale of the Gay In-Group Identification Scale demonstrated acceptable reliability ($\alpha = .84$). This was similar to that reported in Study 3 ($\alpha = .82$).

I conducted a mediation analysis to explore whether the effect of stage on well-being was mediated by participants' scores on the identity salience subscale. As the first step in the mediation analysis, I conducted a 2 (HIF stage: acceptance/synthesis) x 3 (power: low/control/high) x 2 (self-monitoring: low/high) between-subjects ANOVA on identity salience. There was a significant main effect of HIF stage, $F(1, 219) = 9.07, p = .01$. Acceptance participants ($M = 21.67$) reported greater identity salience than synthesis participants ($M = 19.03$). This finding again replicated that of Study 3. This finding fulfilled the first requirement for mediation. The ANOVA revealed no significant main effects of self-monitoring or perceived power, and no interaction effects, $ps > .14$.

As the second step in the mediation analysis, I conducted a correlation analysis of the well-being variables and identity salience. Table 6.9 summarises these correlations.

Table 6.9

Correlations of the Psychosocial Well-Being Variables and Identity Salience

| | Identity Salience |
|-------------------------------------|-------------------|
| Satisfaction with Life Scale (SWLS) | -.22** |
| Self-Esteem Scale (S-ES) | -.19** |
| Single Item Self-Esteem (SIS-E) | -.19** |
| Depression-Happiness Scale (D-HS) | -.22** |
| Affect Rating Scale (ARS) | -.18** |
| Family Loneliness (FaL) | -.10 |
| Friendship Loneliness (FrL) | -.21** |
| Romantic Loneliness (RoL) | -.14* |
| Well-being Index | -.25** |

** $p < .01$.

As shown in Table 6.9, there were small but significant negative correlations between identity salience and each of the well-being dependent variables apart from family loneliness. These correlations indicated that higher levels of identity salience were associated with poorer psychosocial well-being. Hence, the second requirement for mediation was met by the identity salience variable.

As the final step in the mediation analysis, I conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects MANCOVA. The dependent variables included satisfaction with life, self-esteem, the single-item self-esteem score, depression-happiness, affect ratings, family loneliness, friendship loneliness, and romantic loneliness. I added identity salience as the covariate. The multivariate test revealed a significant main effect of HIF stage, Pillai's trace = .23; $F(8, 204) = 7.41, p < .01$. The multivariate test also revealed a significant main effect of self-monitoring, Pillai's trace

= .13; $F(8, 204) = 3.67, p < .01$. However, the multivariate test demonstrated that the identity salience covariate did not exert any significant effects, $p = .15$.

I also conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects ANCOVA using the well-being index as the dependent variable and identity salience as the covariate. The identity salience covariate reached significance, $F(1, 211) = 8.47, p < .01$. There was a reduction in the significance of the main effect of HIF stage on the well-being index, $F(1, 211) = 25.84, p < .01$. Sobel's test confirmed that identity salience partially mediated the effect of HIF stage on the well-being index, $z = 2.11, p = .04$.

Summary. The mediation analysis indicated that global identification fully mediated the effects of HIF stage on satisfaction with life and self-esteem. Global identification partially mediated the effects of HIF stage on family loneliness, friendship loneliness, depression-happiness, affect, and the well-being index. Identity salience partially mediated the effects of HIF stage on the well-being index.

Identity Management Strategies

Most of the subscales assessing identity management strategies demonstrated acceptable reliability. These included individual mobility ($\alpha = .82$); assimilation ($\alpha = .76$); individualization ($\alpha = .84$); social competition ($\alpha = .73$); re-evaluation of comparison dimension ($\alpha = .60$); new comparison dimension ($\alpha = .79$); superordinate recategorization ($\alpha = .64$); and temporal comparison ($\alpha = .76$). Three subscales demonstrated suboptimal reliability: subordinate recategorization ($\alpha = .56$); new comparison group ($\alpha = .50$); and comparison with standard ($\alpha = .38$). Each identity management strategy score was standardized to a z -score.

I conducted a principal axis factor analysis on the twelve standardised identity management strategy scores. I used an oblique (promax) rotation in order to take account of the possibility that the factors could be correlated with one another (Fabrigar et al., 1999; Russell, 2002, p. 1638). Factors were selected based on the scree test (see Figure 5.1). As shown in Figure 6.3, there was a three-factor solution, accounting for a total of 62.38% of the variance.

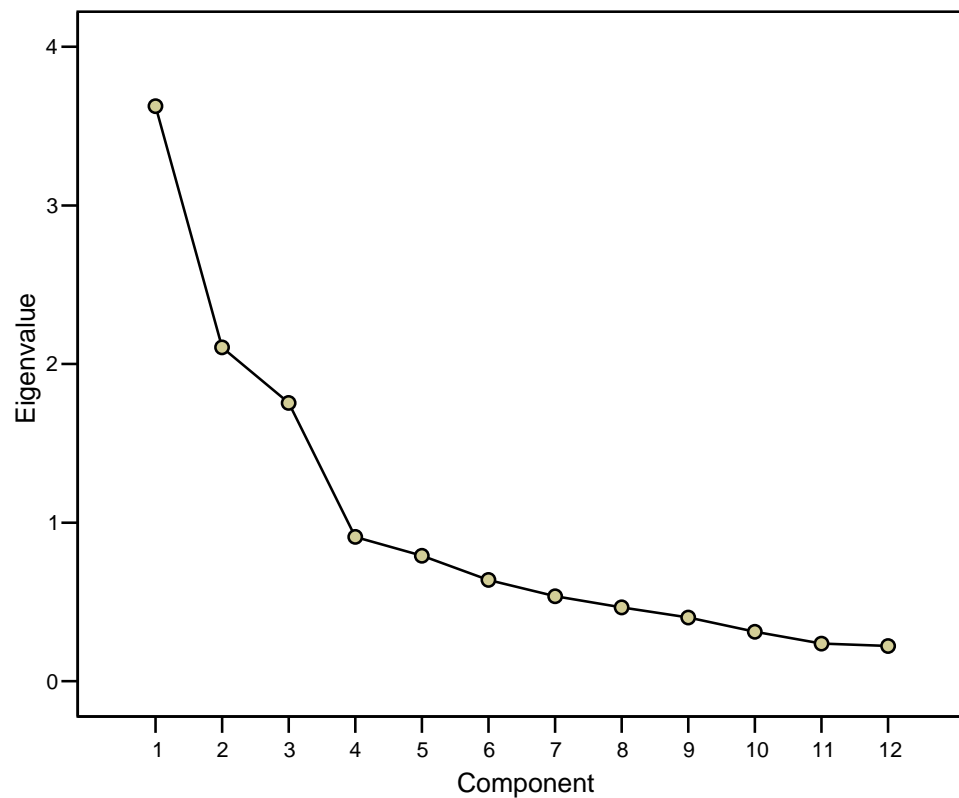


Figure 6.3. Scree plot of the identity management strategy factor analysis.

The pattern matrix is provided in Table 6.10. Factor loadings less than .3 are not shown.

Table 6.10

Pattern Matrix for the Identity Management Strategy Scale

| Standardized IMS | Factor | | |
|----------------------------------|--------|-------|-------|
| | 1 | 2 | 3 |
| New Comparison Dimension | .86 | | |
| Realistic Competition | .68 | | |
| Re-evaluate Comparison Dimension | .64 | | |
| New Comparison Group | .61 | | |
| Social Competition | .58 | .39 | |
| Subordinate Reclassification | .54 | | |
| Comparison with Standard | .53 | | |
| Temporal Comparison | .41 | -.36 | |
| Assimilation | | .91 | |
| Individual Mobility | | .73 | |
| Superordinate Reclassification | | | .85 |
| Individualization | | | .74 |
| % of Variance Explained | 30.21 | 17.54 | 14.62 |

The first factor accounted for 30.21% of the variance and had an eigenvalue of 3.63. Many strategy subscales showed strong positive loadings on this factor (ranging from .41 to .86). These included the re-evaluate comparison dimension, comparison with standard, temporal comparison, subordinate reclassification, realistic competition, social competition, new comparison group and new comparison dimension strategies. This factor seemed similar to the gay enhancement factor reported in Study 3, although the factor in the Study 4 was related to a broader range of identity management strategies. The common feature of the strategies within the factor was their use to enhance the status of the gay identity and a sense of identification within the gay group. For the purpose of further analysis, the factor was labelled *gay enhancement*.

The second factor accounted for 17.54% of the variance and had an eigenvalue of 2.11. The individual mobility and assimilation subscales showed the strongest positive loadings on this factor (.73 and .91 respectively). This factor appeared to be similar to the acting straight factor identified in Study 3. I again labelled this factor *acting straight*.

The third factor accounted for 14.62% of the variance and had an eigenvalue of 1.76. Items from the individualisation and superordinate reclassification subscales showed the strongest positive loadings on this factor (.74 and .85 respectively). This factor seemed most similar to the avoidance factor reported in Study 3, which demonstrated positive loadings on temporal comparison, individualisation and superordinate reclassification strategies, and a negative loading on subordinate reclassification. This factor was again labelled *avoidance*.

Following Russell (2002), I used an item summation approach rather than factor scores to create an acting straight index, a gay enhancement index, and an avoidance index for each participant. This was done by adding the standardised scores for those items loading positively on each factor.

I conducted a mediation analysis to explore whether the effect of stage on well-being was mediated by participants' scores on the acting straight, gay enhancement, or avoidance indexes. As the first step in the mediation analysis, I conducted a 2 (HIF stage: acceptance/synthesis) x 3 (power: low/control/high) x 2 (self-monitoring: low/high) between-subjects MANOVA, using acting straight, gay enhancement, and avoidance as the dependent variables²⁵. The multivariate tests revealed a significant main effect of HIF stage, Pillai's trace = .35; $F(3, 218) = 38.57, p < .01$. The

²⁵ I preformed an identical MANOVA using the original 12 identity management subscales identified by Blanz et al. (1998) as the dependent variables. The results of this additional analysis are reported in Appendix D. The results from this secondary analysis were generally consistent with those presented in this chapter.

multivariate tests also revealed a significant main effect of self-monitoring, Pillai's trace = .08; $F(3, 218) = 5.95, p < .01$. The multivariate tests revealed no main effect of power, and no interaction effects, $ps > .10$. Subsequent ANOVAs revealed a significant main effect of HIF stage on acting straight, $F(1, 220) = 84.81, p < .01$. As predicted, acceptance participants ($M = 1.84$) used acting straight more than synthesis participants ($M = -1.13$). This finding replicated that of Study 3. The first requirement for mediation was therefore met for acting straight.

Subsequent ANOVAs also revealed a main effect of self-monitoring on acting straight, $F(1, 220) = 16.66, p < .01$. Consistent with predictions, acting straight was used more by high self-monitors ($M = .53$) than low self-monitors ($M = -.49$).

Subsequent ANOVAs revealed no main effects of self-monitoring or HIF stage on the gay enhancement index, $ps > .18$. Hence, the first condition for mediation was not met for the gay enhancement index.

Subsequent ANOVAs revealed a main effect of HIF stage on avoidance, $F(1, 220) = 13.26, p < .01$. Consistent with predictions, avoidance was used more by acceptance participants ($M = .44$) than synthesis participants ($M = -.39$). The first condition for mediation was therefore met by the avoidance strategy.

As the second step of the mediation analysis, I carried out a correlation analysis. Correlations between the acting straight index, the gay enhancement index, and the avoidance index and each of the psychosocial well-being variables are provided in Table 6.11.

Table 6.11

Correlations between the Psychosocial Well-Being Variables and Acting straight, Gay Enhancement, and Avoidance Index Scores

| | Acting straight | Gay Enhancement | Avoidance |
|-------------------------------------|-----------------|-----------------|-----------|
| Satisfaction with Life Scale (SWLS) | -.23** | .05 | .02 |
| Self-Esteem Scale (S-ES) | -.33** | -.03 | -.04 |
| Single Item Self-Esteem (SIS-E) | -.11 | .03 | -.02 |
| Depression-Happiness Scale (D-HS) | -.28** | -.10 | .01 |
| Affect Rating Scale (ARS) | -.32** | -.04 | .05 |
| Family Loneliness (FaL) | -.20** | -.06 | -.01 |
| Friendship Loneliness (FrL) | -.33** | .05 | -.04 |
| Romantic Loneliness (RoL) | -.16* | .08 | -.02 |
| Well-being Index | -.34** | .02 | -.01 |

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

As shown in Table 6.11, the acting straight index had a significant negative correlation with almost all of the psychosocial well-being measures. The gay enhancement index and avoidance index showed no significant correlations with any of the psychosocial well-being measures. Therefore, the second condition for mediation was not met for the avoidance index. In contrast, the acting straight index showed significant negatively correlations with most of the psychosocial well-being variables. Therefore, acting straight met the second criteria for mediation.

As the final step in the mediation analysis, I conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects MANCOVA. The dependent variables included satisfaction with life, self-esteem, the single-item self-esteem score, depression-happiness, affect ratings, family loneliness, friendship loneliness, and romantic

loneliness. I added acting straight as the covariate. The multivariate test revealed a significant effect of acting straight, Pillai's trace = .08; $F(8, 205) = 2.24, p = .03$. The multivariate test also revealed significant effects of HIF stage, Pillai's trace = .14; $F(8, 205) = 4.13, p < .01$, and self-monitoring, Pillai's trace = .12; $F(8, 205) = 3.35, p < .01$. Subsequent ANCOVAs revealed that the acting straight covariate reached significance for the following psychosocial well-being variables: satisfaction with life, $F(1, 212) = 5.22, p = .02$; Self-Esteem Scale total scores, $F(1, 212) = 9.77, p < .01$; depression-happiness, $F(1, 212) = 8.45, p < .01$; the affect rating scale, $F(1, 212) = 8.94, p < .01$; and friendship loneliness, $F(1, 212) = 8.02, p = .01$.

The significant main effect of HIF stage was lost for satisfaction with life, $F(1, 212) = 1.94, p = .17$. Sobel's test confirmed that acting straight fully mediated the effect of HIF stage on satisfaction with life, $z = 2.20, p = .03$.

The significant main effect of HIF stage was also lost for Self-Esteem Scale total scores, $F(1, 212) = 2.88, p = .09$. Sobel's test confirmed that acting straight fully mediated the effect of HIF stage on self-esteem total scores, $z = 3.46, p < .01$.

The significant main effect of HIF stage was also lost for depression-happiness scores, $F(1, 212) = 2.85, p = .09$. Sobel's test confirmed that acting straight fully mediated the effect of HIF stage on self-esteem total scores, $z = 2.75, p < .01$.

There was a reduction in the significance of the main effect of HIF stage for the affect rating scale, $F(1, 212) = 4.43, p = .04$. Sobel's test confirmed that acting straight partially mediated the effect of HIF stage on the affect rating scale, $z = 3.17, p < .01$.

There was also a reduction in the significance of the main effect of HIF stage for friendship loneliness, $F(1, 212) = 22.41, p < .01$. Sobel's test confirmed that acting straight partially mediated the effect of HIF stage on friendship loneliness, $z = 2.14, p = .03$.

However, the significant main effect of HIF stage remained for family loneliness, $F(1, 212) = 6.14, p = .01$; and romantic loneliness, $F(1, 212) = 12.96, p < .01$.

I also conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects ANCOVA using the well-being index as the dependent variable and acting straight as the covariate. The acting straight covariate reached significance, $F(1, 212) = 9.16, p < .01$. There was a reduction in the significance of the main effect of HIF stage for the well-being index, $F(1, 212) = 11.06, p < .01$. Sobel's test confirmed that acting straight partially mediated the effect of HIF stage on the well-being index, $z = 2.82, p < .01$.

Summary

The mediation analyses revealed that the Self-Other Closeting Scale, active closeting, and passive closeting did not mediate the effects of HIF stage on psychosocial well-being.

However, global identification fully mediated the effects of HIF stage on satisfaction with life and self-esteem. In addition, global identification partially mediated the effects of HIF stage on friendship loneliness, depression-happiness, affect, and the well-being index. Similarly, identity salience partially mediated the effects of HIF stage on satisfaction with life, depression-happiness, and the well-being index.

Finally, acting straight fully mediated the effects of HIF stage on satisfaction with life, self-esteem, and depression-happiness. Further, acting straight partially mediated the effects of HIF stage on the affect rating scale and friendship loneliness.

A Competitive Test of Mediators

Global identification, identity salience, and the acting straight identity management strategy all mediated the effects of HIF stage on well-being. It was possible that global identification, identity salience, and acting straight acted as significant mediators because they are theoretically related to one another and share common variance. In other words, it was possible that I had not identified several independent mediating variables but rather one mediating effect that I have demonstrated multiple times using measures related to the same underlying mediating variable. In order to examine this possibility, I first examined the correlations between global identification, identity salience, and the acting straight index. Global identification and identity salience were not significantly correlated ($r = -.05, p = .45$). However, acting straight showed a weak positive correlation with identity salience ($r = .16, p = .02$), and a moderate negative correlation with global identification ($r = -.42, p < .01$). This raised the possibility that the mediation effects demonstrated by global identification and acting straight could be just two demonstrations of a single mediator to which both are conceptually related.

Following Kenny, Kashy, and Bolger (1998), I conducted a competitive test of mediation. I conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects MANCOVA. The dependent variables included satisfaction with life, self-esteem, the single-item self-esteem score, depression-happiness, affect ratings, family loneliness, friendship loneliness, and romantic loneliness. I added acting straight, global identification, and identity salience as covariates. The multivariate test revealed a significant effect of global identification, Pillai's trace = .15; $F(8, 200) = 4.53, p < .01$. The multivariate test also revealed a significant effect of identity salience, Pillai's trace

= .08; $F(8, 200) = 2.10, p = .04$. However, the multivariate test revealed no significant effect of acting straight, Pillai's trace = .06; $F(8, 200) = 1.59, p = .13$. As found previously, the multivariate test also revealed significant effects of HIF stage, Pillai's trace = .08; $F(8, 200) = 2.05, p = .04$, and self-monitoring, Pillai's trace = .13; $F(8, 200) = 3.76, p < .01$.

Subsequent ANCOVAs revealed that the global identification covariate reached significance for the following psychosocial well-being variables: satisfaction with life, $F(1, 207) = 4.48, p = .04$; Single-Item Self-Esteem, $F(1, 207) = 6.17, p = .01$; Self-Esteem Scale total scores, $F(1, 207) = 19.89, p < .01$; depression-happiness, $F(1, 207) = 6.78, p = .01$; the affect rating scale, $F(1, 207) = 4.66, p < .03$; family loneliness, $F(1, 207) = 12.41, p < .01$; and friendship loneliness, $F(1, 207) = 15.49, p < .01$.

Subsequent ANCOVAs also revealed that the identity salience covariate reached significance for the following psychosocial well-being variables: satisfaction with life, $F(1, 207) = 8.71, p < .01$; Single-Item Self-Esteem, $F(1, 207) = 9.09, p < .01$; Self-Esteem Scale total score, $F(1, 207) = 7.04, p < .01$; depression-happiness, $F(1, 207) = 11.07, p < .01$; affect ratings, $F(1, 207) = 6.36, p = .01$; and friendship loneliness, $F(1, 207) = 8.31, p < .01$.

The significant main effect of HIF stage was reduced to nonsignificance for the following psychosocial well-being variables: satisfaction with life, $F(1, 207) = .00, p = .97$; Single-Item Self-Esteem, $F(1, 207) = .19, p = .66$; Self-Esteem Scale total scores, $F(1, 207) = .02, p = .90$; depression-happiness, $F(1, 207) = .12, p = .73$; affect ratings, $F(1, 207) = .91, p = .34$; and family loneliness, $F(1, 207) = 1.09, p = .30$.

These findings demonstrated that global identification fully mediated satisfaction with life, Single-Item Self-Esteem, Self-Esteem Scale total scores, depression-happiness, affect ratings, family loneliness, and friendship loneliness.

Identity salience fully mediated satisfaction with life, Single-Item Self-Esteem, Self-Esteem Scale total scores, depression-happiness, affect ratings, and friendship loneliness. However, acting straight did not independently act as a mediator on any of the individual psychosocial well-being variables.

I also conducted a 2 (HIF stage: acceptance/synthesis) x 2 (self-monitoring: low/high) x 3 (perceived group power: low/neutral/high) between-subjects ANCOVA using the well-being index as the dependent variable and acting straight, global identification, and identity salience as the covariates. The acting straight covariate reached significance, $F(1, 207) = 4.59, p = .03$. The global identification covariate also reached significance, $F(1, 207) = 18.09, p < .01$. The identity salience covariate also reached significance, $F(1, 207) = 14.28, p < .01$. The main effect of HIF stage for the well-being index was reduced to nonsignificance, $F(1, 207) = 1.68, p = .20$. This result indicated that acting straight, global identification, and identity salience together fully mediated the main effect of HIF stage on the well-being index.

Discussion

The main aim of Study 4 was to answer two important questions: Why do acceptance people have poorer well-being than synthesis people? When are the differences in well-being most apparent? The first question involved an investigation of potential *mediators* of the relationship between HIF stage and well-being. The second question involved an investigation of potential *moderators* of the relationship between HIF stage and well-being.

Mediation of the Effects of HIF Stage on Well-Being

Closeting

As predicted, acceptance participants closeted their gay identity more than synthesis participants on each of the closeting measures: the Self-Other Closeting Scale, active closeting, and passive closeting. This replicated the findings of Studies 2 and 3. However, none of the closeting measures mediated the effects of HIF stage on any of the psychosocial well-being measures. This finding replicated the null findings of Study 2, using demonstrably reliable measures.

Why did closeting not act as a mediator? One possibility is that closeting tends to be applied on a situation-specific basis. That is, individuals might closet their identity only in situations in which this concealment is deemed desirable or necessary. It could be that in some situations short-term closeting is necessary or even protective and is used even by individuals with an established sense of gay identity with a generally positive attitude towards their own sexual identity. Note that this is in contrast to the identity management strategy of acting straight, which is maintained across contexts and reflects a more pervasive attitude towards the expression of the individual's own gay identity. This issue is discussed further below.

In-Group Identification

Global identification. As predicted, acceptance participants showed lower global identification than synthesis participants. This finding replicated Studies 2 and 3, and lent further validity to the Cass (1979) model of HIF.

Most importantly, I found that global identification mediated the effects of HIF stage on satisfaction with life, self-esteem, depression-happiness, affect, family loneliness, friendship loneliness, and the well-being index. This important finding

suggests that one of the reasons why acceptance people have worse psychosocial well-being than synthesis people is because they do not identify as strongly with the group, and therefore do not share in the protection that in-group identification brings.

Identity salience. As predicted, acceptance participants demonstrated greater identity salience of identity than synthesis participants. This finding replicated that of Study 3, again showing that acceptance people spend more time thinking about their gay identity than synthesis people.

More importantly, identity salience was shown to mediate the effects of HIF stage on satisfaction with life, depression-happiness, and the well-being index. This suggests that one of the reasons that acceptance participants rate themselves as less satisfied with life, more depressed, and generally less general well than synthesis participants is because they spend more time thinking about their gay identity. This finding lends validity to the argument made by Wegner and Lane (1995) that many gay men become preoccupied with their gay identity, suffering a considerable cognitive and emotional toll as a consequence.

Acting straight

The results revealed that the Identity Management Strategies Scale was composed of three factors: gay enhancement, acting straight, and avoidance. As predicted, acceptance participants used acting straight to a greater extent than synthesis participants. This result replicated the findings of Study 3.

There was a clear link between use of the acting straight strategy and psychosocial well-being. A correlation analysis revealed that the gay enhancement and avoidance strategies showed no significant correlations with the measures of psychosocial well-being. In contrast, there were significant negative correlations

between the acting straight strategy and almost all of the measures of psychosocial well-being. This indicated that increased use of acting straight was associated with poorer well-being.

Interestingly, the competitive mediation analysis revealed that the apparently mediating effects of the acting straight strategy on the individual psychosocial well-being variables were lost when global identification and identity salience were also added as mediators. This suggested that at least part of the mediating effect of the acting straight strategy was due to the shared variance between acting straight and in-group identification. However, the acting straight strategy did continue to exert a mediating influence on overall well-being in the competitive mediation analysis. This provided evidence that one reason why acceptance participants experience poorer psychosocial well-being is because they use the acting straight strategy to a greater extent than synthesis participants.

In Study 3, I noted the similarity between closeting and the acting straight strategy. This similarity is particularly apparent when comparing individual items from the Passive-Active Closeting Scale and items contributing to the acting straight index. Items from the PACS include “I find myself “acting straight” when I meet new people, especially if I don’t know how they feel about gay people”, and “I sometimes change how I act so that other people will think I am straight”. Items from the acting straight index include “I would never try to become straight”, and “I have considered trying to change myself to become straight”. Although conceptually similar to closeting, acting straight relates more to the individual’s own perception of how gay people should behave and live. Endorsement of the acting straight strategy implies that the individual believes that gay people should be as similar as possible to straight people. Further,

those who endorsed the act straight strategy indicated that if it was possible, they would become part of the straight group.

This raises the question of why such a strategy might be harmful. Obviously, there is the problem of attainability. That is, is it actually possible for a gay person to act so similarly to a straight person that the two are indistinguishable? The very fact that the straight and gay groups are defined partly by targets of sexual attraction, as well as sexual behaviour, mean that the individual faces an arguably impossible task in applying the strategy. Finally, the individual would be relatively limited in access to the social support provided by and to the gay community.

Potential Moderation of the Effects of HIF Stage on Well-Being

The current study did not support the hypotheses that self-monitoring would moderate the relationship between HIF stage and psychosocial well-being. However, self-monitoring was found to exert main effects on several variables that acted as mediators of the relationship between HIF stage and psychosocial well-being, including global identification and acting straight. The current study also found no support for the hypothesis that perceived group power would moderate the effect of HIF stage on psychosocial well-being. These findings are discussed in further detail below.

Self-Monitoring

The Self-Monitoring Scale was found to be a reliable measure within the current study. There were no HIF stage differences in self-monitoring, indicating that it was appropriate to treat self-monitoring and HIF stage as independent variables.

Self-monitoring and psychosocial well-being. In most cases, the prediction that self-monitoring would not have a significant effect on psychosocial well-being was

supported. There were no main effects of self-monitoring on satisfaction with life, self-esteem, depression-happiness, affect, family or romantic loneliness, or general well-being. This finding is consistent with previous research suggesting that self-monitoring has no effect on well-being (Snyder, 1974, 1987; Snyder & Monson, 1975). The only exception was the finding that low self-monitors experienced worse friendship loneliness than high self-monitors. This could be related to the high self-monitors' skills at modifying self-presentation, thereby avoiding or minimising the effects of potential interpersonal conflicts. Further research would be required to determine whether this is an effect specific to the gay sample, or whether self-monitoring-based differences in friendship loneliness would also be observed in heterosexual samples.

Self-monitoring and identity management strategies. An interesting finding of the current study was the link between self-monitoring and the use of the acting straight strategy. Participants who were high self-monitors used acting straight more than participants who were low self-monitors. This finding suggested that the personality trait of self-monitoring influenced the use of the acting straight strategy. Therefore, the hypothesis that high self-monitors would use the acting straight identity management strategy to a greater extent than would low self-monitors was supported in Study 4. This finding supported the argument that high self-monitors use impression management strategies to conform to the prevailing social norms (Snyder, 1974, 1987). The acting straight strategy may represent a key impression management strategy. In contrast, low self-monitors are less influenced by social considerations (Snyder, 1974, 1987) and therefore do not use the acting straight strategy because this would compromise their beliefs and attitudes about their gay identity.

Self-monitoring and in-group identification. The hypothesis that low self-monitors would display stronger global identification than high self-monitors was

supported by the current study. This was consistent with Snyder and Campbell (1982) and Watson and Behnke (1990), who noted that high self-monitoring was negatively correlated with in-group identification.

Self-monitoring and closeting. The current study revealed that self-monitoring did not exert a main effect on either the Self-Other Closeting Scale or the passive closeting subscale of the Passive-Active Closeting Scale. However, consistent with predictions, high self-monitors demonstrated higher scores on the active closeting subscale of the Passive-Active Closeting Scale.

These results raise the question of why high self-monitoring was related to only the active closeting measure. The probable explanation is that the Self-Other Closeting Scale is a target measure of closeting. In contrast, the Passive-Active Closeting Scale is a process measure of closeting. High self-monitors choose behaviours that respond to social cues in order to achieve a positive self-presentation (Snyder, 1974, 1987). It is likely that the active closeting measure reflects this process in high self-monitors. This finding lends validity both to the construct of self-monitoring and to the multidimensional assessment of closeting behaviour.

Perceived Group Power

The current study found no significant effects of the perceived power condition. The prediction that the changes in power conditions would only affect acceptance participants was not supported by the current study, which found no interaction between HIF stage and perceived power on use of the identity management strategies. The prediction that low perceived power conditions would result in worse psychosocial well-being in gay men compared to high perceived power conditions was also not supported by this study. The prediction that there would be an interaction between HIF

stage and power on the well-being variables was not supported by the current study.

Therefore, power did not moderate the effect of HIF stage on psychosocial well-being.

Summary

The current study replicated the finding that the acceptance stage is associated with significantly worse psychosocial well-being than the synthesis stage. Mediation analyses revealed that lower levels of global identification, higher levels of identity salience, and greater use of the acting straight identity management strategy were the main reasons why acceptance participants experienced poorer well-being than synthesis participants. Self-monitoring did not moderate the relationship between HIF stage and psychosocial well-being. However, self-monitoring did exert significant effects upon some of the mediating variables, with high self-monitors reporting lower global identification and greater use of the acting straight strategy than low self-monitors. High self-monitors also employed active closeting to a greater extent than low self-monitors.

Clinical Implications

Lower global identification, increased identity salience, and increased use of the acting straight identity management strategy were primary reasons for the poorer psychosocial well-being observed during the acceptance stage. Clinical intervention should therefore target these mediators, with primary foci on supporting the individual to make connections with the wider gay community, and developing stronger identification with the gay in-group. For many gay men this occurs naturally as they negotiate the developmental tasks of the acceptance stage, moving towards pride and then synthesis. However, other men appear to become “stuck” at this developmental stage, and identity foreclosure occurs (Cass, 1979).

Social factors, and behavioural responses to these factors, should not be considered in isolation. The current study demonstrated that a personality variable, self-monitoring, exerts an influence on the individual's responses to the emergent gay identity. In particular, high self-monitors are particularly prone to de-identifying with the gay group, employing closeting and acting straight as identity management strategies. This is of concern given the discovery that these strategies are detrimental to psychosocial well-being.

The experiences of synthesis participants show that it is possible for gay men to establish a state of good psychosocial well-being. Through developing strong networks within the gay community, identifying with the gay in-group, allowing oneself to take on a positive gay identity, and placing their gay identity into a contextual understanding of the self where being gay is not seen as the whole identity, synthesis people avoid the significant psychosocial distress seen in acceptance people. For these reasons, most synthesis people report greater satisfaction with life, better self-esteem, more happiness, more positive affect, and less loneliness.

CHAPTER SEVEN: GENERAL DISCUSSION

Summary

In this final chapter, I summarise the findings of my four studies. I discuss the contribution the research has made to the literature, including providing an empirical validation of Cass' (1979) model; demonstrating that psychosocial well-being varies according to HIF stage; explaining the reasons why this variation occurs; demonstrating a positive relationship between in-group identification and well-being; providing theoretical development of the concept of closeting; and revealing an area of intersection between clinical psychology and social psychology. I discuss the strengths and limitations of the present research, including use of a self-selected sample; the correlational design; and the lack of success in identifying moderating variables. Suggestions for future research include non-internet based replications; applying Cass' model to lesbians; further investigation using a longitudinal approach; consideration of cultural legitimacy as a potential moderator; and further theoretical development of Cass' model. I conclude with a discussion of the clinical and theoretical implications of the findings.

Introduction

Previous research has found evidence that many gay men experience significant psychosocial difficulties when they negotiate the gay identity formation process. These difficulties include high rates of suicide attempts (Remafedi et al., 1993; Whitlock, 1993), completed suicide (Ashman, 2004; Fikar, 1992; Kulkin et al., 2000), and psychiatric disorder (Ashman, 2004; Fergusson et al., 1999; Lock & Steiner, 1999; Safren & Heimberg, 1999). Other research has indicated that being gay does not necessarily result in poor well-being. For example, Savin-Williams and Ream (2003) compared gay, bisexual, and “questioning” male youth who had attempted suicide with those who had not and reported that only a minority of sexual-minority youth are at risk of suicide attempts, and that not all gay youth are at such risk. The finding that some, but not all, gay men experience poor psychosocial well-being raises some important questions: under what conditions is gay identity formation associated with poor well-being? Are certain stages within the gay identity development process associated with poorer well-being than other stages?

In the current research, I investigated Cass’ (1979) model of HIF, with a particular emphasis on exploring the relationship between stage of HIF and psychosocial well-being. According to Cass’ model, individuals develop a gay identity by progressing through a series of six developmental stages, including confusion, comparison, tolerance, acceptance, pride, and synthesis. The model is based on interpersonal congruence theory (Secord & Backman, 1961, 1964; Secord et al., 1964), and it is based on the assumption that the momentum driving individuals through the stages comes from the individual’s need to develop and maintain positive self-concept, to adhere to sociocultural beliefs that sexual or emotional attraction to a member of the same sex means that the individual must be a gay male or lesbian (Cass, 1996), and the

desire to obtain maximal consistency between personal identity, social identity, and behaviour. At any stage, the individual may undergo identity foreclosure, in which case forward motion through the stages ceases. The individual will either remain within a particular stage of gay identity development or exit the gay identity development process altogether.

The main aims of the current research were to (a) investigate whether well-being differed according to the stage of gay identity formation and (b) investigate when and why these differences occur. Previous research indicates that poor well-being is most evident in young gay men (who are presumably in the early stages of gay identity development) and least evident in gay men with an established gay identity (Ashman, 2004; Farrell & Morrione, 1974; Fergusson et al., 1999; Jacobs & Tedford, 1980; Lock & Steiner, 1999; Remafedi et al., 1993; Safren & Heimberg, 1999; Savin-Williams, 1998). I therefore hypothesised that participants' psychosocial well-being would vary as a function of their HIF stage. Specifically, based on the findings of Brady and Busse (1994), I predicted that there would be a linear association between HIF stage and well-being, with the early (confusion and comparison) stages associated with the poorest well-being and the late stages (pride and synthesis) associated with the best well-being.

I investigated a range of potential mediators to determine why well-being would vary as a function of HIF stage. In Study 2, the potential mediators included closeting, in-group identification, perceived status, and collective self-esteem. In Study 4, the potential mediators included closeting, in-group identification (including global identification and identity salience), and use of the acting straight identity management strategy.

I also investigated several potential moderators to determine under what conditions well-being was most likely to be impaired. In Study 2, the potential

moderators included perceived group permeability. In Study 4, the potential moderators included self-monitoring and perceived group power.

I used an internet based methodology in each of the studies. Participants were recruited through advertisements placed on internet bulletin boards chosen from sites that contained gay (non-pornographic) content. All participation was voluntary, and no incentive was offered. Studies 2, 3, and 4 incorporated experimental manipulations of the potential moderating variables. The dependent variables were assessed using self-report questionnaires with demonstrable reliability and validity.

Summary of Results

Study 1

The aim of Study 1 was to investigate whether psychosocial well-being varied as a function of HIF Stage. Based on the findings of Brady and Busse (1994), I hypothesised that there would be a linear relationship between HIF stage and various measures of psychosocial well-being, with early stages of HIF characterised by poor well-being and later stages characterised by positive well-being. I assessed HIF stage using the Gay Identity Questionnaire (Brady & Busse, 1994). The psychosocial well-being variables included measures of satisfaction with life, loneliness, self-esteem, and happiness-sadness.

I found evidence that the relationship between HIF stage and psychosocial well-being represented a U-shaped function rather than a linear function. Specifically, a univariate ANOVA using polynomial contrasts indicated that the data was best represented by a quadratic function.

The finding that well-being was high during the later HIF stages is consistent with Cass' (1979) model. Individuals within the final synthesis stage of HIF reach a

state of “maximal congruency” (Cass, 1979, p. 234) between personal identity, social identity, and behaviour. Interpersonal congruence theory suggests that difficulties with well-being should be minimal when these three aspects of identity are congruent.

The finding that the middle acceptance stage of HIF was associated with poor psychosocial well-being was somewhat surprising given Cass’ (1984b) description of the middle HIF stages as a time where the individual is “peaceful and stable” (p. 152). However, the middle stages of HIF are also a time when gay people begin the process of revealing their gay identity to others. Therefore, the discrepancy between personal identity and social identity is most evident during the middle stages of HIF, and it is this discrepancy that is likely to have caused poorer well-being.

Brady and Busse (1994) also found that people in the middle stages of HIF had poorer well-being than those in the late stages. Based on this finding, Brady and Busse concluded that there was a linear function between HIF stage and well-being, with psychosocial well-being improving as the HIF process continued. However, Brady and Busse based their findings on only the final four stages of HIF (that is, tolerance, acceptance, pride and synthesis). They had been unable to recruit sufficient participants from the early confusion and comparison HIF stages to include these stages in analyses of the relationship between HIF stage and well-being. I overcame this limitation in the present research by using the internet to recruit participants in an entirely anonymous manner that avoided direct contact. This enabled me to recruit sufficient participants in the early HIF stages to make statistically meaningful comparisons between early, mid, and late stages. The present results challenge Brady and Busse’s proposal of a linear function. The results of the current study clearly showed a U-shaped function that emerged when early HIF stage participants were included in the analyses. In Study 2, I attempted to explain why these HIF differences in well-being occurred.

Study 2

I focused on acceptance and synthesis participants in Study 2 and each of the subsequent studies because (a) these stages showed significant differences in well-being in Study 1; (b) identifying why acceptance participants experience poor well-being compared to synthesis participants could guide clinical intervention; (c) I expected to be able to recruit a large sample of acceptance and synthesis participants, enabling me to draw reliable conclusions about the reasons for the differences in well-being; (d) these stages represented core theoretical transition periods in gay identity development (Cass, 1979); and (e) these stages allowed further expansion of, and comparison with, the work of Brady and Busse (1994).

In Study 2, I aimed to investigate why acceptance participants had poorer psychosocial well-being than synthesis participants. I hypothesised that the relationship between HIF stage and well-being would be mediated by closeting, in-group identification, perceived group status, and collective self-esteem. I further hypothesised that the relationship between HIF stage and well-being would be moderated by perceived group permeability. I used satisfaction with life as a measure of psychosocial well-being because acceptance participants and synthesis participants differed significantly on this measure in Study 1. Further, the scale correlated highly with the other well-being measures in Study 1, was very brief (five items), and demonstrated excellent reliability and validity.

I replicated the finding that acceptance participants demonstrated poorer psychosocial well-being than synthesis participants. Consistent with my predictions, I also found that acceptance participants demonstrated more closeting, lower in-group identification, lower membership collective self-esteem, and lower private collective

self-esteem than did synthesis participants. I also found that acceptance participants rated the gay group as having lower status than did synthesis participants.

Contrary to predictions, collective self-esteem, closeting, in-group identification, and perceived status did not mediate the effects of HIF stage on well-being.

The finding that in-group identification did not demonstrate a significant correlation with satisfaction with life was in contrast to previous research findings that demonstrated a positive relationship between in-group identification and well-being (Branscombe et al., 1999; Schmitt et al., 2002, 2003). This appeared to be related to significant psychometric problems in the measure of in-group identification. The Karasawa (1994, 1995) Group Identification Scale demonstrated poor reliability (α s ranged from .48 for the group identification scale to .65 for the affective identification scale in Study 2, and from .38 for the group identification scale to .61 for the affective identification scale in Study 3). Hence, it was possible that the lack of validity and reliability for this scale was responsible for the lack of a mediation effect between HIF stage and psychosocial well-being.

The finding that closeting did not mediate the relationship between HIF stage and psychosocial well-being may have been due to problems with the measure of closeting. I assessed closeting by obtaining a difference measure between how the participants perceived his own sexual orientation, and how he thought other people perceived his sexual orientation. This measure might have been too rudimentary an assessment of closeting, so in Study 3 I intended to develop a reliable, multi-item measure of closeting.

Therefore, one of the main aims of Study 3 was to address the limitations of the measures of in-group identification and closeting used in Study 2.

Study 3

In Study 3, I addressed the limitations of Study 2 by developing more reliable measures of in-group identification. I also investigated whether acceptance participants and synthesis participants differed in their use of identity management strategies. I manipulated perceived group permeability and perceived group status, because, following Ellemers et al. (1988, 1990), I expected that identity management strategies would be used most under low perceived permeability and low status conditions. I assessed closeting using the scale that I developed in Study 2. I administered both the Group Identification Scale (Karasawa 1994, 1995) and a multidimensional in-group identification scale based on Silver's (2002) model and using modified items from a range of existing in-group identification scales (Castano, Paladino, et al., 2002; Castano, Yzerbyt, et al., 2002; Ellemers et al., 1988; Henry et al., 1999; Hogg & Hains, 1996; Luhtanen & Crocker, 1992; Riordan & Weatherly, 1999). I also assessed a range of identity management strategies using a modified version of Blanz et al.'s (1998) measure. A factor analysis of the Identity Management Strategies Scale revealed a three-factor solution. The first factor, gay enhancement, loaded on a broad range of identity management strategies. The second factor, acting straight, loaded on the individual mobility and assimilation identity management strategies. The third factor, avoidance, loaded on the temporal comparison, individualisation and superordinate reclassification strategies.

Consistent with predictions, I found that acceptance participants endorsed de-identifying identity management strategies to a greater extent than did synthesis participants. In particular, acceptance participants used the acting straight and closeting strategies to a greater extent than did synthesis participants. This finding is consistent with Cass' (1979) model of HIF. Cass described the synthesis stage as a time when men

have extensive supportive networks within the gay community. It was therefore not surprising that people in the synthesis stage identified more strongly with the gay in-group. In contrast, Cass described the acceptance stage as a time when men are in the process of building new connections with the gay community, often while still attempting to maintain existing links within the heterosexual community. Our findings revealed that people in the acceptance stage responded to threat by de-identifying with the new, less familiar gay group.

The finding that acceptance participants relied on de-identifying identity management strategies suggested that use of de-identifying identity management strategies might act as a potential mediator of the relationship between HIF stage and psychosocial well-being. That is, it could be that acceptance participants experienced poorer well-being because they used de-identifying identity management strategies to a greater extent than synthesis participants. This might be because de-identification reduced acceptance participants' opportunities to access interpersonal and emotional support from the social networks provided within the gay community.

I also found that acceptance participants demonstrated greater identity salience than synthesis participants, which suggested that acceptance participants spent more time thinking about the gay identity than synthesis participants. Wegner and Lane (1995) argued that cognitive and emotional preoccupation with the gay identity is associated with poorer well-being. This suggested that identity salience might also act as a mediator of the relationship between HIF stage and psychosocial well-being. That is, it could be that acceptance participants reported poorer well-being because they are more cognitively and emotionally preoccupied with their gay identity than are synthesis participants.

I also addressed the limitations of the measures used in Study 2. In particular, I designed the Self-Other Closeting Scale, a nine-item measure with demonstrable reliability ($\alpha = .90$). As predicted, acceptance participants showed greater closeting than synthesis participants. The Self-Other Closeting Scale was concerned primarily with the extent to which individuals thought their sexuality was known to others. However, some individuals might actively conceal their gay identity whereas others might passively allow people to make an assumption of heterosexuality. Therefore, it appeared that it might be beneficial to revisit closeting as a potential mediator, but in future using a multidimensional measure assessing both active and passive types of closeting.

In Study 3, I developed reliable measures of in-group identification and closeting. I also demonstrated that acceptance and synthesis participants employed different identity management strategies. In Study 4, I intended to investigate whether in-group identification, closeting, and identity management strategies mediated the relationship between HIF stage and psychosocial well-being.

Study 4

In Study 4, I investigated whether in-group identification, identity salience, closeting, and acting straight mediated the effects of HIF stage on psychosocial well-being. I also investigated whether self-monitoring and perceived group power moderated the effect of HIF stage on psychosocial well-being. To address the limitations of Study 2, I used the new, reliable, and valid measure of in-group identification developed for Study 3. I also developed and used the Passive-Active Closeting Scale, a new, reliable, and valid measure of closeting. The psychosocial well-being variables included satisfaction with life, self-esteem, loneliness, happiness-sadness, and affect.

Consistent with predictions, I found that global identification, identity salience, and the acting straight strategy mediated the effects of HIF stage on psychosocial well-being, and that these mediation effects were independent of one another. This evidence suggests that acceptance stage people have poorer well-being because they identify less with the gay in-group, spend more time thinking about their identity, and use the acting straight strategy to manage their identity.

The finding that reduced global identification was associated with poorer psychosocial well-being is consistent with research on other minority groups with negatively valued social identities (Branscombe et al., 1999; Schmitt et al., 2002, 2003). It appears that one of the reasons why acceptance participants have poorer psychosocial well-being than synthesis participants is because they do not identify as strongly with the in-group and therefore do not share in the psychological protection that this in-group identification brings.

The finding that increased identity salience is associated with poorer psychosocial well-being confirms previous proposals that some gay men pay a significant emotional and psychological toll for ruminating on their gay identity (Wegner & Lane, 1995).

The finding that the use of the acting straight strategy is associated with poorer psychosocial well-being supports Cass' (1979) model. In particular, the theoretical basis of the model, interpersonal congruence theory (Secord & Backman, 1961, 1964; Secord et al., 1964) includes the assumption that distress is evoked when an individual's personal identity, social identity and behaviour are incongruent. The acting straight strategy is a strategy that reinforces incongruence between personal identity (gay) and social identity (straight), and so this finding provides validity for Cass' model and its theoretical basis.

In contrast to predictions, neither perceived power nor self-monitoring moderated the effect of HIF stage on psychosocial well-being. Nonetheless, self-monitoring was associated with increased use of closeting and the acting straight strategy, suggesting that self-monitoring exerts an important influence on key variables that differ between acceptance and synthesis participants, but does not moderate the relationship between HIF stage and well-being.

Summary

In the current research, I have demonstrated that there is a U-shaped relationship between HIF stage and psychosocial well-being, with the middle stages of HIF associated with markedly poorer well-being than the early and late stages. Although I did not identify any significant moderators of this HIF stage effect, mediation analyses in Study 4 demonstrated that acceptance participants have poorer well-being than synthesis participants because (a) they identify less with the in-group, (b) they are more preoccupied with their gay identity, and (c) they attempt to manage their gay identity using by behaving in a straight manner.

Key Contributions to the Literature

Empirical Validation of Cass' (1979) Model

A major contribution of the present research to the literature in this area is the empirical validation of several aspects of Cass' (1979) model of HIF. One criticism of Cass' model is that it has made a significant theoretical contribution to conceptualisations of the gay identity formation process (McCarn & Fassinger, 1996), but there have been relatively few empirical studies validating the model (e.g., Brady &

Busse, 1994; Johns & Probst, 2004). The current study adds to the empirical evidence supporting the validity of the model.

The findings of the current research provide a picture of the process of gay identity development that is highly consistent with Cass' (1979) original stage descriptions. Acceptance participants showed greater closeting (Studies 2, 3, & 4), loneliness (Studies 1 & 4), and de-identification (Studies 2, 3, & 4) than synthesis participants. They also saw the gay group as having lower status, and rated themselves as "less gay" than did synthesis participants. This pattern of results suggests that gay social networks are less established and the gay identity is less consolidated in the middle stages of HIF compared to the late stages. This is consistent with Cass' proposition that identity formation is a gradual process in which social networks within the gay community occurs through a series of stages.

The results of the current research do not support Johns and Probst's (2004) contention that the sexual minority identity formation process is a two-stage process. Participants in Johns and Probst's study were 143 sexual minority adults obtained through convenience sampling. Johns and Probst designed a 12-item scale, with three items addressing each of the tolerance, acceptance, pride and synthesis stages described by Cass (1979). Participants rated each item on a 7-point Likert-type scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). Factor analysis indicated that the 12 items loaded onto three factors. The items from the tolerance, acceptance and pride stages all loaded onto the first factor, labelled "unintegrated stage", and the items from the synthesis stage loaded onto the second factor, labelled "integrated stage". Johns and Probst argued that the third factor was "generally uninterpretable but appears to be a 'pride/openness' factor" (Johns & Probst, 2004, p.86). A weakness of Johns and Probst's study is that the confusion and comparison stages were not included, perhaps

due to inability to recruit participants from these early stages. This represented a fundamental flaw in Johns and Probst's stated intention of conducting an empirical investigation of Cass' (1979) model, because Johns and Probst's conclusions were based only on the final four stages of this model. Study 1 of the current research clearly indicated the value of including the confusion and comparison stages in any empirical investigation of the validity of Cass' model. Like Brady and Busse (1994), Johns and Probst (2004) only included the final four stages of Cass' model, and drew a similar erroneous conclusion.

Variation of Well-Being According to Stage of Gay Identity Development

Previous research has demonstrated that many gay men experience poor well-being, including high rates of suicide attempts (Remafedi et al., 1993; Whitlock, 1989) and suicide completions (Ashman, 2004; Fikar, 1992; Kulkin et al., 2000); high rates of depression and anxiety (Ashman, 2004; Fergusson et al., 1999; Lock & Steiner, 1999; Safren & Heimberg, 1999); and high rates of substance use and poor maintenance of physical health (Fergusson et al., 1999; Lock & Steiner, 1999; Safren & Heimberg, 1999). However, these problems are not experienced universally by gay men (Weinberg & Williams, 1974). For example, Zea et al. (1999) demonstrated that lesbians and gay men who engaged in active coping and reported strong social support experienced low levels of depression and high levels of self-esteem. In a qualitative study, King and Noelle (2005) analysed the coming out stories of 107 lesbians and gay men. They found that building positive social relationships and integrating these into the individuals coming out story was associated with maturity and positive functioning through a difficult life transition. These findings provide evidence that not all gay men experience poor well-being. Further, these findings provide evidence that many gay men

experience some difficulties during the “coming out” phase of gay identity development, but that in time many manage to integrate these experiences into a positive gay identity.

In the present research, I demonstrated why some gay men have poor well-being, whereas others do not: there is a clear relationship between HIF stage and psychosocial well-being, with poor well-being being particularly associated with the middle HIF stages. In Studies 1, 2, and 4, I found that acceptance participants had poorer well-being than synthesis participants. This finding was demonstrated using a variety of scales addressing diverse components of psychosocial well-being, including a measure of satisfaction with life (Diener et al., 1985), two measures of affect and mood (Lücken & Simon, 2005; McGreal & Joseph, 1993), two measures of loneliness (DiTommaso et al., 2004; Russell et al., 1978, 1980), and three measures of self-esteem (Hudson, 1982; Luhtanen & Crocker, 1991; Rosenberg, 1965).

The inconsistencies observed in previous research into the well-being of gay men might be at least partly explained by the HIF stages of participants. It would seem that sources of sampling are particularly important within this population. Clinical samples are likely to have a high composition of middle HIF stage participants who are seeking assistance for well-being difficulties, whereas participants recruited through gay community organisations or gay pride activities are likely to represent primarily later HIF stages. Hence, the findings of studies relying on participants drawn from clinical samples of gay men might lead to an incorrect assumption that gay is necessarily associated with poor psychosocial well-being. A key contribution of my research to the literature in this area is the evidence that having a gay identity is not in itself detrimental to psychosocial well-being. Rather, the gay identity development process can entail threats to psychosocial well-being, particularly during the middle stages of HIF. As

shown in Study 1, synthesis participants' mean ratings on the psychosocial well-being measures were comparable to the norms for those measures. Hence, the final stage of HIF, synthesis is associated with psychosocial well-being that is comparable to the wider heterosexual community. It is only the middle stages of HIF that gay men typically experience markedly poor psychosocial well-being.

The finding that acceptance participants had lower well-being than synthesis participants was generally consistent with Brady and Busse's (1994) results. Brady and Busse investigated how stage of identity related to happiness, loneliness, anxiety, kindness, sexual prowess, suicidal ideation, mental hygiene and physical health. Their results indicated that participants in the tolerance stage had significantly lower levels of psychosocial well-being than those in the later acceptance, pride, and synthesis stages. Both Brady and Busse's findings and the current results indicate that the middle stages of gay identity development are associated with poorer psychosocial well-being than late stages of gay identity development.

Explaining Why HIF Stage Affects Psychosocial Well-Being

A further strength of the current research is the discovery that de-identifying from the in-group, employing an acting straight strategy, and spending more time thinking about the gay identity mediate the relationship between HIF stage and psychosocial well-being. The mediation analyses that I used involved three steps. First, in Studies 1, 2, and 4, I demonstrated that HIF stage exerted a significant effect on well-being, with acceptance participants experiencing poorer well-being than synthesis participants. Second, in Studies 2 and 4, I demonstrated that de-identifying, using the acting straight strategy, and increased identity salience exerted a significant effect on well-being. Third, in Study 4, I demonstrated that when these mediating variables acted

as covariates, the effect of HIF stage on well-being disappeared or reduced significantly, while the effect of the mediators remained significant. I also checked for reverse mediation – that is, did psychosocial well-being explain the effects of HIF stage on de-identification, the acting straight strategy, and identity salience. I found that this was not the case. This supports the proposed direction of the mediating effect.

The mediation findings in the current studies are consistent with the interpersonal congruence theory upon which Cass' (1979) model is based. According to interpersonal congruence theory, distress and poor well-being are evoked when an individual's personal identity, social identity, and behaviour are inconsistent with one another. In the current research, I found that acceptance participants reported poorer psychosocial well-being than synthesis participants because (a) they identified less with the in-group, (b) they were more preoccupied with their gay identity, and (c) they attempted to manage their gay identity by using an acting straight identity management strategy. Based on interpersonal congruence theory, each of these three strategies is liable to enhance the perceived incongruity between personal identity, social identity, and behaviour. I explain this proposition in more detail below.

First, identifying less with the gay in-group should increase the perceived incongruity between personal identity and social identity. For example, an individual with a gay personal identity might de-identify from the gay group. The individual might avoid all contacts with other gay people, emphasise the ways in which he or she differs from 'most gay people', and emphasise the ways in which he or she is similar to 'most straight people'. However, in doing so, the individual increases the discrepancy between their gay personal identity and their partially gay, partially straight social identity.

Second, thinking more about the gay identity might draw the individual's attention more to incongruities between personal identity (gay), social identity (partially

gay, partially straight), and behaviour (gay). For example, the individual might visit a gay bar, but then worries about the potential consequences of being seen there by straight friends. This draws the individual's attention to the inconsistency between private behaviour and public image.

Finally, use of the acting straight identity management strategy raises incongruity between personal identity, social identity, and behaviour. The individual might maintain an outward appearance (social identity) of acting straight. Meanwhile, the individual might engage in same-sex sexual behaviour. This creates incongruity between behaviour and social identity.

Cass' (1979) model argues that forward movement through the gay identity development process is driven by the individual's attempts to *reduce* incongruity between personal identity, social identity, and behaviour. As described above, deidentification with the gay group, increased identity salience, and use of the acting straight strategy *increase* incongruity between personal identity, social identity, and behaviour. It is probable that these responses slow, and possibly stall, the process of gay identity development. The individual may use these responses to reduce tensions in other areas of life (for example, to reduce the potential for discrimination, or to maintain family relationships). However, relying on these responses also causes significant distress and poor psychosocial well-being.

In-Group Identification is Associated with Positive Well-Being

The current research also adds to the literature regarding minority groups that have negatively valued social identities. In particular, the findings are consistent with previous studies that have demonstrated a positive association between in-group identification and well-being (e.g., Branscombe et al., 1999; Schmitt et al., 2002, 2003).

These studies have demonstrated that in-group identification appears to protect individuals from the effects of prejudice and discrimination. For example, Schmitt et al. (2003) conducted a study of 99 international students and found that perceived prejudice was associated with poor psychological well-being, and this effect was mediated by in-group identification. Participants who identified strongly were less adversely affected by perceived discrimination and demonstrated better well-being. This finding provided evidence that in-group identification buffered against negative consequences associated with low status group membership

Consistent with Branscombe et al. (1999), Schmitt et al. (2002), and Schmitt et al. (2003), in Study 4, I found significant positive correlations between global identification and each of the well-being measures, indicating that, as predicted, greater global identification was associated with better psychosocial well-being. The present research extends on this previous research by demonstrating that in-group identification is protective for gay men as well as for racial minorities (Branscombe et al., 1999), international students (Schmitt et al., 2003) and women (Schmitt et al., 2002).

Closeting: Theoretical Developments

The current research has contributed to the development of the concept of closeting. Closeting occurs when individuals are aware of a discrepancy between their own sexual identity and how others perceive their sexual identity. That is, individuals are aware that they are gay but that others perceive them as straight.

Validity and Reliability of the Self-Other Closeting Scale

In Studies 3 and 4, I developed the Self-Other Closeting Scale to investigate the target of closeting. This scale assessed the magnitude of the discrepancy between self-

ratings of the individual's own sexual identity and the individual's estimates of how various important others would rate their sexual identity. This scale demonstrated excellent reliability ($\alpha = .90$ in Study 3, and $\alpha = .89$ in Study 4). In addition, the finding that high self-monitors closeted to a greater extent than low self-monitors provided evidence of the convergent validity of the Self-Other Closeting Scale. Further, the finding that acceptance participants closeted to a greater extent than synthesis participants was consistent with Cass' (1979) proposal that selective disclosure is particularly evident during the middle stages of gay identity formation.

Validity and Reliability of the Passive-Active Closeting Scale

I examined closeting as a multidimensional construct. I hypothesised that there were two distinct types of closeting: passive closeting and active closeting. Passive closeting occurs when individuals are aware that others assume that their sexual identity is straight, and they do not correct this assumption. In contrast, active closeting occurs when individuals consciously mislead others into believing that they are straight. In Study 4, I developed the Passive-Active Closeting Scale (PACS) to measure these two types of closeting.

The PACS consisted of two five-item subscales. The first subscale assessed active closeting, and the second subscale assessed passive closeting. The scale demonstrated excellent reliability (overall $\alpha = .88$; passive subscale $\alpha = .85$; active subscale $\alpha = .86$). Convergent validity for the scale as a general measure of closeting took the form of significant positive correlations between the PACS' passive and active closeting subscales and the Self-Other Closeting Scale. In addition, as with the Self-Other Closeting Scale, acceptance participants used both active and passive closeting to a greater extent than synthesis participants. Evidence for the validity of the distinction

between passive and active closeting was provided by a principal axis factor analysis, which confirmed a two factor solution, with the active closeting items loading on the first factor, and the passive closeting items loading on the second factor. In addition, high self-monitors demonstrated greater active closeting than low self-monitors, but not greater passive closeting. High self-monitors appear to use active closeting to manage their self-presentation in social settings when this is situationally expedient. Passive closeting does not appear to be related to self-monitoring, being used equally by both high self-monitors and low self-monitors.

The Distinction between Closeting and Acting straight

It is important to distinguish the construct of closeting from the acting straight identity management strategy. Both closeting and the acting straight strategy involve the individual's attempts to maintain an outward appearance of heterosexuality. What then makes closeting distinct from the acting straight strategy?

First, it appears that many people who closet their gay identity do not actually wish to become straight or leave the gay group. In contrast, those who endorsed the acting straight identity management strategy believed that gay people should be as similar as possible to straight people in the ways in which they conduct their lives. Closeting therefore appears to reflect a relatively brief, temporary, situationally expedient change in self-presentation adapting to prevailing social cues. An individual might employ closeting under certain circumstances (for example, when meeting a new person with as yet unknown attitudes towards gay people) without necessarily believing that all gay people should act like straight people all of the time. In contrast, the identity management strategy of acting straight is likely to be maintained across contexts and

reflects a more pervasive attitude towards the expression of the individual's own gay identity.

Second, the use of the acting straight strategy does not automatically imply the use of closeting. An individual might believe that gay people should be as similar as possible to straight people, but this does not preclude open acknowledgement of the individual's own gay identity. Acting straight relates to the individual's beliefs about how gay identity should be properly expressed through behaviour and lifestyle at all times. In contrast, closeting involves concealment of the individual's gay identity, but does not necessarily imply that the individual holds any particular opinion about whether or not gay people should behave like straight people in all circumstances.

Correlation analysis provides evidence of the divergent validity of the closeting and acting straight constructs. The correlation between the Self-Other Closeting Scale and use of the acting straight strategy was positive and moderate ($r = .41, p < .01$). Acting straight also demonstrated a moderate, positive correlation with passive closeting ($r = .31, p < .01$), and a stronger positive correlation with active closeting ($r = .59, p < .01$). These correlations provide evidence that the closeting and acting straight constructs are theoretically related but empirically distinct from each other.

Interestingly, acting straight mediated the relationship between HIF stage and psychosocial well-being, whereas closeting did not act as a mediator. There might be several reasons why use of the acting straight identity management strategy mediated the relationship between HIF stage and well-being but closeting did not.

First, closeting is used as a temporary impression management strategy to avoid perceived adverse consequences of disclosure of the gay identity. In contrast, acting straight is pervasive across all settings and reflects the individual's fundamental beliefs about how gay identity should be expressed. Hence, acting straight continually exposes

the individual to incongruity between personal identity, social identity, and behaviour because the individual is attempting to achieve as straight a social identity as possible, while maintaining an incongruent gay personal identity and same-sex sexual behaviour. This chronic incongruity is likely to lead to poor psychosocial well-being.

Second, and perhaps more importantly, closeting creates an incongruity between personal identity and social identity. However, individuals use closeting when they judge this incongruity to be less of a threat than revealing the gay identity to make personal and social identity consistent. The aim of closeting, temporary self-presentation as straight, is attainable. In contrast, acting straight creates a significant, fundamental incongruity between personal identity and behaviour. It is not possible for a gay person to act so similarly to a straight person that the two are indistinguishable. The fact that the straight and gay groups are defined by targets of sexual attraction, as well as sexual behaviour, means that the individual faces an impossible task in applying the acting straight strategy. How can the individual become indistinguishable from a straight person when the individual engages in same-sex sexual activity and experiences same-sex attraction?

Therefore, closeting represents an incongruity between personal identity and social identity, whereas acting straight represents an incongruity between personal identity and behaviour. It is relatively easy for individuals to manage the incongruity between personal and social identities raised by closeting, because the definition of identity is subjective and prone to reinterpretation. For example, an individual holding a gay personal identity might use closeting at a work function. The individual finds it easy to rationalise the incongruity: 'I only hid being gay because I would have lost my job otherwise'. In contrast, it is much more difficult to manage the incongruity between personal identity and objective behaviour raised by using the acting straight strategy.

The considerable difficulty the individual experiences in managing this incongruity might explain the association between poor well-being and use of the acting straight strategy.

Summary

I designed two scales to investigate closeting as a multidimensional construct. Both scales appeared to be reliable, with convergent validity demonstrated by their correlations with each other. The construct of closeting appeared to be conceptually and empirically distinct from the acting straight identity management strategy. Neither scale mediated the effect of HIF stage on psychosocial well-being, whereas acting straight did act as a mediator. Closeting, unlike acting straight, appears to be a temporary, situationally expedient response with an attainable aim. Closeting raises minor incongruity between personal identity and social identity. This incongruity is relatively easy to manage through reinterpretation and rationalisation. In contrast, acting straight reflects a pervasive, fundamental belief about how gay identity should be expressed. The aim of acting straight is unlikely to be attainable because the gay and straight groups are partly defined by sexual behaviour and sexual attraction. Further, acting straight raises a significant incongruity between personal identity and objective behaviour. This incongruity is much more difficult to manage, and thereby contributes to poor well-being.

The Intersection of Clinical Psychology and Social Psychology

A primary concern of clinical psychology is the mental health and well-being of the individual. In contrast, social psychology is primarily concerned with understanding how individuals are influenced by other people, social groups, and society in general.

The current research has identified a significant intersection of clinical psychology and social psychology. Specifically, in the present research, I showed that the mental health and well-being of individuals depended, to some extent, on their identification with a particular social group (gay people) and the standing of that social group in society.

It is clear that many individuals undergoing the gay identity development process experience a significant decline in well-being, particularly during the middle stages. The well-being problems are manifested in symptoms that are generally thought to be the domain of clinical psychology (Arnett, 2001; Levy, 1984; Plante, 2005; Sayette & Mayne, 1990). These symptoms include loneliness, low self-esteem, reduced satisfaction with life, depression, and negative affect.

However, the mediation findings of the current research indicate that the primary reasons for the poor well-being were that the individuals distanced themselves from the gay group, managed their gay identity by using an acting straight strategy, and became preoccupied with their gay identity. That is, well-being was adversely affected by the individual's attempts to manage a negatively valued social identity. The individual in such a situation is responding to a prevailing social context in which the predominant attitude toward gay identity is negative. The current research has identified that certain responses to social group membership and social identity are damaging to mental health and well-being.

Strengths and Limitations of the Current Research

Strengths

Detailed Investigation of Cass' (1979) Model

The current research represents the most in-depth empirical investigation of Cass' stage model to date. In particular, the research involved a detailed investigation of

the relationship between HIF stage and differences in well-being in a large sample of gay men ($N = 1,099$). Previous research in this area had largely investigated well-being in lesbians and gay men without explicitly considering HIF stage (e.g., Lima et al., 1993; Melamed, 1993; Miranda & Storms, 1989; Romance, 1988; Saghir & Robins, 1973; Weinberg & Williams, 1974; Wright & Perry, 2006). The current research has provided a clear link between stage of gay identity formation and psychosocial well-being.

The current research investigated how a wide range of variables were related to the various stages of Cass' (1979) model. The variables included aspects of well-being such as satisfaction with life, self-esteem, loneliness, affect, happiness and sadness. The variables also included potential mediators of the relationship between HIF stage and well-being, such as various aspects of in-group identification (incorporating cognitive identification, affective identification, membership identification, global identification, prototypicality, affect, identity salience, and in-group ties), collective self-esteem, closeting (including both the target and process of closeting), and identity management strategies. The variables also included potential moderators of the relationship between HIF stage and well-being, including perceived group permeability, perceived group status, perceived group power, and self-monitoring. No other research has explored Cass' (1979) model of gay identity development using such a range and depth of variables.

Improvements on Brady and Busse's (1994) Research

The only other study that has investigated well-being as a function of HIF stage (i.e., Brady & Busse, 1994) used single-item measures of well-being with relatively weak psychometric properties and did not recruit a sufficient number of early stage

participants. The current studies addressed these limitations. Using the internet, I was able to recruit participants from the early HIF stages in Study 1. This was important because Brady and Busse had only included middle and late stage participants when they assessed well-being. Contrary to Brady and Busse's conclusion that there is a linear relationship between HIF stage and well-being, I demonstrated that a U-shaped relationship is evident when the early HIF stages are included in the analysis. Further, Brady and Busse had used single-item measures to assess well-being, and they concluded that participants in the tolerance stage had significantly lower levels of psychosocial well-being than those in the later stages. The single items used by Brady and Busse were designed by the authors, had no previous validation, and information regarding their reliability and validity in measuring the well-being constructs was not provided. The items were very simple and were arguably prone to social desirability responses (e.g., participants were asked to respond to the statement "I am a mentally health person"). In contrast, I assessed well-being using scales with demonstrable reliability and validity. These scales had been used in previous research, and I also used alternative measures of the same construct in order to demonstrate the replicability and validity of my findings. Hence, my finding that acceptance individuals have poorer psychosocial well-being than synthesis individuals validates Brady and Busse's early findings.

Limitations

Using a Correlational Design

One limitation of the current research is that I used a correlational design. In other words, the current research investigated patterns of correlations between the variables of interest. A correlational design was chosen for the current research for

several reasons. First, the design allowed me to examine differences in a real-world group setting rather than an artificial experimental setting. Second, some of the variables of interest could not be manipulated, for example, HIF stage. Third, it would be unethical to carry out an experimental manipulation of identity management strategies in gay men, particularly given that the strategies could have a detrimental effect on the well-being of the individuals randomly assigned to less effective strategies.

Such a correlational design provides information regarding the extent to which the variables of interest are related, but is unable to conclusively demonstrate cause and effect. Hence, the current research revealed that psychosocial well-being varied as a function of HIF stage, and that this variation was mediated by identification, acting straight, and identity salience. However, the research is only able to demonstrate the possibility of cause, which would need to be verified using an experimental design. A further difficulty with the correlational design is that a third, unspecified variable could explain why the two variables are correlated. For example, it could be that gay men with higher socioeconomic status have higher well-being because of their social and educational advantages, and also find it easier to be accepted within the gay group because of their higher social standing. In this situation, socioeconomic status influences both identification and well-being, rather than identification influencing well-being directly.

The mediation analysis described in Study 4 provides evidence that there is a strong relationship between HIF stage, well-being, and the potential mediating variables (global identification, identity salience, and acting straight). Based on the mediation analyses, it appears that HIF stage exerts a significant effect on well-being. This is observed in the finding that acceptance participants report poorer well-being than synthesis participants. However, there was also a significant correlation between the

mediating variables and well-being. That is, global identification, identity salience, and use of the acting straight strategy were negatively correlated with well-being. When the mediators were added as covariates, the effect of HIF stage on well-being disappeared, whereas the mediators continued to exert a significant effect on well-being. Therefore, it appears that the most likely scenario is that acceptance participants report poorer well-being than synthesis participants because they show less global identification and greater identity salience and use of the acting straight strategy.

However, other possible explanations of the relationship between the variables need to be considered. For example, a second possibility is that HIF stage exerts a significant effect on acting straight, global identification and identity salience, and that this effect is mediated by well-being. That is, acceptance participants might demonstrate reduced global identification, increased identity salience, and increased use of the acting straight strategy because they have poorer well-being than synthesis participants. I assessed this possibility in a series of reverse mediation analyses. I found that well-being did not act as a mediator of the relationship between HIF stage and global identification, identity salience, or acting straight. This casts doubts on this alternative explanation of the relationship between these variables.

A third possibility is that HIF stage does not cause problems with well-being, but rather well-being status determines HIF stage. According to this possibility, people with poorer well-being would be allocated to the acceptance stage, whereas people with better well-being would be allocated to the synthesis stage. In such a case, it could be that identification, use of the acting straight strategy, and identity salience could act as mediators. That is, people with poor well-being might identify less, be more preoccupied with their gay identity, and use the acting straight identity management strategy, and this might lead to their categorisation within the acceptance stage. Such

categorisation to HIF stage according to responses to having a gay identity would be inconsistent with Cass' (1979) argument that gay identity development is a process of sequential progression through the stages. Cass' model argues that progress through the stages is driven by the individual's attempts to resolve incongruity between personal identity, social identity, and behaviour, which is in contrast to a categorical distinction based on responses to gay identity. If assignment to stages was based on categorical classification of responses to gay identity, it would be possible for an individual to move around stages in a non-sequential order. (For example, from tolerance, to pride, to confusion, to synthesis). However, according to Cass' model, all synthesis individuals must have progressed through each of the stages in a sequential manner. Admittedly, this assumption of Cass' model has not been empirically validated in a prospective longitudinal study. However, Cass (1984b) found that participants' retrospective accounts of the gay identity development process were consistent with such a progression.

A fourth possibility is that identification, identity salience, and use of the acting straight strategy, each exert an effect on HIF stage, and this effect is mediated by well-being. That is, participants who identify less, have greater identity salience, and use the acting straight strategy have poorer well-being and therefore become allocated to the acceptance stage. Again, this model is inconsistent with the sequential stage assumption of Cass' (1979) model.

The final two possibilities assume that HIF stage is itself a mediating variable. First, it could be that global identification, increased identity salience, and use of the acting straight strategy, exert an effect on well-being, and this effect is mediated by HIF stage. That is, do participants with reduced global identification, increased identity salience, and increased use of the acting straight strategy experience poor well-being

because they are in the acceptance stage? Previous research has found that strong in-group identification is associated with measures of well-being in minority groups with negatively valued social identities. For example, Branscombe et al. (1999) found that African American people with high levels of in-group identification reported better well-being than low identifiers. Similar effects have been found in samples of women (Schmitt et al., 2002) and international students (Schmitt et al., 2003). This finding appears to be applicable to many minority groups with negatively valued social identities, not only gay men. However, there is a possibility that stage of social identity development mediates this effect. That is, perhaps minority group members identify less and experience poorer well-being because they are in the middle stages of identity formation.

Second, it could be that well-being exerts an effect on global identification, increased identity salience, and use of the acting straight strategy, and this effect is mediated by HIF stage. That is, do participants with poor well-being report reduced global identification, increased identity salience, and increased use of the acting straight strategy because they are in the acceptance stage? This possibility is unlikely, primarily due to the consistent finding that in-group identification predicts well-being but well-being does not predict in-group identification. This finding has been demonstrated consistently across a diverse range of minority groups (Branscombe et al., 1999; Schmitt et al., 2002, 2003).

Lack of Moderators

The current research did not find any variables that moderated the effect of HIF stage on well-being. There was no moderating effect of perceived group permeability (Studies 2 and 3), perceived group status (Study 3), or perceived group power (Study 4).

It could be that these variables are not related to the well-being of individuals undergoing the gay identity development process. However, another explanation might be that the paragraph-based experimental manipulations that I used failed to exert a meaningful effect on participants.

Previous research has demonstrated that similar minimal manipulations exert an effect within laboratory settings, generally using artificial groups (e.g., Boen & Vanbeselaere, 2002). I had predicted that my own experimental manipulations would be effective within the current research sample based on Lücken and Simon's (2005) success using a similar experimental manipulation of power in a sample of gay men.

The paragraph manipulation checks revealed that the interventions generally did not work as predicted. For example, in both Study 2 and Study 3, participants reported that the low group permeability paragraph was significantly more persuasive than the high group permeability paragraph. In Study 3, participants also reported that the low group status paragraph was significantly more persuasive than the high group status paragraph. Finally, in Study 4, I found that the power manipulation did not exert a significant effect on the perceived power of the gay group.

It could be that the manipulation paragraphs used in the current research lacked face validity or may have seemed irrelevant to this real-world sample in a real-world setting. The arguments made within the paragraphs may have seemed unconvincing or artificial given participants' real-world experiences. Finally, in some cases one of the paragraphs might have been in accordance with participants' beliefs about being gay. For example, the low permeability might have been rated as more persuasive than the high permeability paragraph simply because it was what participants already believed.

The Use of Internet-Based Methodology

The use of the internet methodology also represents a limitation of the current research. It is possible that the sample that I obtained using this methodology is significantly different from the wider gay population along influential dimensions.

The total sample ($N = 1,099$) ranged from 12 to 75 years of age, with a mean age of 32.09 years. The participants tended to be highly educated. Approximately 45% of participants were managers, professionals, or associate professionals. Around 25% described themselves as students, mostly of tertiary level. Most participants (around 96%) were from Western nations, primarily the USA (48.50%) and Australia or New Zealand (30.21%).

The participants in the present research all had access to a computer, and therefore their demographic characteristics, including socioeconomic status and level of education, might be different from gay men from poorer, less educated social groups. This could have implications for the applicability of the results of the research, particularly if social status is protective when developing a gay identity. There is evidence that individuals with higher education levels are less prejudiced towards minority groups (Glover, 1994). However, the fact that I found evidence of poorer psychosocial well-being among acceptance participants than synthesis participants even among gay men with relatively high socioeconomic status suggests that this effect is robust enough to permeate through the potentially protective factor of high socioeconomic status. Cass (1996, 1999) suggested that the identity development process results from a translation of social knowledge to individual self-concept. Cultural knowledge is available across the socioeconomic groups, and the Western culture's linguistic and cognitive processing would also be identical regardless of

socioeconomic status. Cass' model would therefore not predict a difference between people from high and low socioeconomic statuses.

The Use of a Self-Selected Sample

A further limitation of the current research was that the sample was self-selected. Participants read advertisements on the internet and then completed online questionnaires if they were interested. No information was collected about the individuals who read the advertisements or information sheets but chose not to participate. For example, it could be that the individuals who participated were more concerned about their gay identity, or had stronger emotional responses to being gay. In the worst case scenario, this could mean that those who participated had more polarised views (either positive or negative) about their gay identity. This might have resulted in (a) an over-representation of participants in the acceptance and synthesis stages, and (b) and exaggeration of the difference between acceptance and synthesis participants' well-being.

It is also possible that participants were more committed to the gay identity and this was why they completed the questionnaires. In contrast, non-participants could have felt that their gay identity was not a significant issue, or they might have avoided completing the study because they did not wish to commit themselves to a private (participation was anonymous) recognition of the gay identity. This sampling problem is applicable to almost all research investigating the process of gay identity development, because participants have to "come out" to some extent in order to participate. Indeed, this is probably one of the reasons why early stage participants have been difficult to recruit in studies of gay identity development (e.g., Brady & Busse, 1994; Cass, 1984b; Rowen & Malcolm, 2002). For example, Cass recruited early stage

participants primarily from her clinical practice, as they were otherwise unlikely to identify themselves. I would argue that the methodology used in the current study minimised this selection bias, because participants were able to complete the research anonymously, in their own private setting, and without any face-to-face contact with the researcher. These arrangements may have had the effect of minimising participants' perceived risk of disclosure of their sexual identities to others. I had a higher recruitment rate of early HIF stage participants in the present research compared to previous investigations (e.g., Brady & Busse, 1994; Cass, 1984b; Rowen & Malcolm, 2002). This higher participation rate suggests that the arrangements I used successfully minimised participants' perceived risk of disclosure. However, it must be acknowledged that early stage participants were recruited in fewer numbers than middle or late stage participants. This is likely to remain an ongoing issue for researchers attempting to investigate the beginning stages of gay identity development.

The Distinction between HIF Stage and In-Group Identification

A potential criticism of both the current research and Cass' (1979) model of HIF is that the acceptance and synthesis HIF stages might really only represent a distinction between high and low in-group identification. That is, Cass' proposed stages may not represent a sequential developmental process, but rather descriptions of individuals with varying degrees of identification with the gay in-group. Did de-identification mediate the effect of HIF stage on well-being because both de-identification and HIF stage represent the same underlying construct of in-group identification? It is true that in Studies 2, 3 and 4, acceptance participants consistently showed lower in-group identification than synthesis participants. However, there is evidence to suggest that HIF stage represents more than simply the extent of in-group identification.

In Study 3, I demonstrated that in-group identification was a multidimensional construct. Global identification and identity salience of the identity were both important components of overall in-group identification. If HIF stage was simply an expression of the extent to which the individual identified with the gay group, one would expect synthesis participants to show stronger identification on both global identification and identity salience. Interestingly, acceptance participants showed significantly higher identity salience than synthesis participants. In contrast, synthesis participants showed significantly higher global identification than acceptance participants.

The finding that synthesis participants demonstrated higher levels of global identification than acceptance participants is consistent with Cass' (1979) model of HIF. The finding that acceptance participants demonstrated higher levels of identity salience than synthesis participants is also consistent with Cass' model. Cass proposed that people in the synthesis stage have a well-integrated sense of gay identity. Because synthesis participants have completed the tasks of developing social networks and trying to build congruence between personal identity, social identity and behaviour, they would not be investing as many personal resources in the gay identity development process. This reduced investment would be observed as lower identity salience. Put simply, acceptance people are still in the process of developing the gay identity, and are therefore more cognitively preoccupied with the identity than synthesis participants.

Further evidence that HIF stage and in-group identification represent related but theoretically distinct constructs comes from the correlations between raw stage scores on the GIQ and participants' scores on the five subscales of the Gay In-Group Identification Scale: importance, in-group ties, prototypicality, identity salience and global identification. It is important to note that based on Cass' (1979) model, some degree of association between identification and HIF stage is to be expected. In fact, the

lack of any relationship between these two variables would threaten the convergent validity of both. In Studies 3 and 4, I found that global identification correlated negatively with acceptance subscale raw scores ($r = -.20, p < .01$ in Study 3, and $r = -.47, p < .01$ in Study 4) and positively with synthesis subscale raw scores ($r = .21, p < .01$ in Study 3, and $r = .39, p < .01$ in Study 4). The medium size of these correlations provides evidence that identification and stages of gay identity are related but independent constructs. In Study 3, I found that the in-group identification subscales varied as a function of HIF stage. In particular, synthesis participants rated themselves as having more positive affective identification, reported greater prototypicality, reported stronger in-group ties, and stronger global identification than acceptance participants. Acceptance participants reported greater identity salience. Interestingly, synthesis and acceptance participants saw the gay identity as equally important. Together, this evidence suggests that it would be a simplification to consider the HIF stages to simply represent differences in in-group identification.

Future Research Directions

Non-internet Based Research

As discussed previously, a limitation of the current study was that the sample consisted of gay men who were mostly well-educated and of relatively high socioeconomic status. It is possible that the demographics of this sample are related to the use of the internet as a recruitment method, because all participants had access to a computer, were highly literate and were self-selected. Barrett and Pollack (2005) argued that “the visible and political gay community has been characterized as an increasingly middle class, white institution...it is important to incorporate class differences when addressing the social and the political dynamics of sexual orientation” (p. 437). It is

therefore important to replicate the findings of the present research using a sample of gay men from a range of socioeconomic backgrounds and educational levels. Other researchers have discussed the use of the internet as a valid means of accessing gay men (Koch & Emrey, 2001; Mustanski, 2001; Rhodes et al., 2002), and so I would predict that the present research findings would be successfully replicated.

Applying Cass' (1979) Model to Lesbians

Future research should also investigate whether the findings are applicable to lesbians. There has been some disagreement about the extent to which Cass' (1979) model applies to lesbians (see Degges-White et al., 2000; Hequembourg & Farrell, 1999; Peterson & Gerrity, 2006; Whitam et al., 1998 for discussions about this issue). Cass (1999) argued that the individual's indigenous psychology directs linguistic and conceptual processing. The homosexual identity formation process involves the individual shifting from a social representation of 'homosexual' to a personally relevant semantic network in which self-identification as part of the socially defined category occurs. This process would be equally applicable to both males and females within the indigenous psychology. Further, Cass' (1979) model was originally developed based on the experiences of both lesbians and gay men.

However, it is important to investigate whether the association between HIF stage and psychosocial well-being also occurs in lesbians. There is evidence that some lesbians experience significantly poor well-being. Lewis, Derlega, Clarke, and Kuang (2006) studied the moderating role of social constraints that lesbians experience when talking to others about sexual orientation-related issues and well-being. Lewis et al. reported that high levels of constraints and high stress were associated with poor well-being in a sample of 105 lesbians. Based on Cass' (1979) model, both social constraints

and stress related to identity management should be higher during the acceptance stage than the synthesis stage. This would also be consistent with my findings related to acceptance participants increased identity salience, greater use of deidentification and acting straight as identity management strategies, and poorer well-being than synthesis participants. Hence, I would predict that lesbians in the acceptance stage would demonstrate poorer well-being than those in the synthesis stage.

Luhtanen (2003) conducted a study that investigated and compared predictors of well-being (including self-esteem, satisfaction with life, and depression) in lesbians/bisexual women and gay/bisexual men. For both male and female participants, having a positive sexual identity was the most robust predictor of psychological well-being. This research is consistent with my suggestion that the mental health and well-being of individuals partly depends on their identification with a particular social group and the standing of that social group in society.

Morris, Waldo and Rothblum (2001) explored the relationship between outness and psychological health in a sample of 2,401 lesbian and bisexual women. Stronger sexual identity predicted outness, which in turn predicted lower psychological distress. This finding was consistent with my findings that synthesis participants showed stronger in-group identification, low levels of closeting, and experienced high levels of psychosocial well-being.

Beals and Peplau (2005) conducted a longitudinal study of 42 lesbians and found that those who reported more identity support scored higher on measures of well-being at initial assessment, during the daily phase of the study, and at the follow-up. These findings provide support for the idea that women with a more established lesbian identity and who are able to access supportive social networks (that is, those in the

synthesis stage) achieve better psychosocial well-being than those with a less established lesbian identity.

In summary, research has shown that high levels of psychosocial well-being in lesbians is predicted by positive sexual identity (Luhtanen, 2003; Waldo et al., 2001), having more support of the identity and supportive social networks (Beals & Peplau, 2005). I would predict that these positive factors would be present in the synthesis stage to a greater extent than the acceptance stage. In contrast, poor well-being in lesbians was associated with high levels of social constraints and high levels of stress related to identity management (Lewis et al., 2006). I would predict that greater social constraint and higher identity stress would be found in the acceptance stage to a greater extent than the synthesis stage. Overall, I therefore predict that well-being in lesbians would vary as a function of HIF stage.

Longitudinal Research

The current research was cross-sectional rather than longitudinal in nature. Future research should use the same measures of HIF stage, well-being and identity management, but use a longitudinal design. Individual participants would be followed across a substantial time period²⁶.

The aim of a longitudinal study would be to answer two questions. First, do the HIF stages reflect a transitional process in which individuals progress sequentially through the stages, as Cass (1979) proposed, or are the HIF stages really six distinct

²⁶ It is difficult to estimate the length of time that participants would need to be monitored in a longitudinal study. Cass (1979) clearly indicated that the process of gay identity development occurs at different rates for different individuals. One person might complete the developmental tasks quite rapidly, whereas another person might remain within a given stage for an extended period of time. A period of twelve months might represent a feasible follow-up period to assess participants' movement from one stage to another. This period of time would probably be insufficient to observe the entire process of gay identity development from confusion to synthesis, particularly given that some individuals might remain in a given stage for an extended period of time, and others might experience identity foreclosure prior to achieving synthesis.

subtypes of gay identity? Second, do people who move from one stage to another demonstrate changes in their levels of in-group identification, identity salience, acting straight strategy, and psychosocial well-being? Supplementary observations could also assist in further theoretical development of Cass' model. For example, a longitudinal study would be able to demonstrate whether movement through the stages is unidirectional or whether it is possible for some individuals to move backwards during the process. In addition, it could be possible to identify which demographic, social, or individual factors predict the rate of progression through the developmental stages. Do individuals who progress rapidly through the gay identity development process demonstrate better well-being than those who progress slowly? Each of these issues has theoretical and clinical importance when considering ways to assist individuals undergoing the gay identity development process.

Cultural Legitimacy of Gay Identity

Cultural Legitimacy within Western Society

Cass (1979) argued that within the Western context there may be a varying sense of legitimisation of the gay identity depending on the particular gay subculture in which individuals become involved. Some sections of the gay community endorse the view that being gay is a legitimate private and public identity, whereas other sections endorse the view that being gay is legitimate only in the private context. Cass further argued that where both a private and public legitimisation is endorsed, there is an increasing incongruity between personal identity and social identity for those gay men maintaining only a private gay identity. Attempts to resolve this incongruity result in transition to the pride stage. Where only a privately held homosexual identity is endorsed as being legitimate, the current situation (self-concept as gay, but perceived as heterosexual by

heterosexual others) is endorsed as acceptable by the particular homosexual subculture, and the individual remains within the acceptance stage.

Based on Cass' (1979) arguments, I would predict that where being gay is viewed as a legitimate identity both publicly and privately, the individual would transition quickly through the acceptance stage. This rapid transition could reduce the potentially detrimental effects of the acceptance stage. In contrast, where only a private gay identity is viewed as legitimate, the individual might remain within the acceptance stage for an extended period of time, possibly exposing the individual to greater reliance on detrimental identity management strategies. This hypothesis could be assessed in a longitudinal follow-up study using a sample of acceptance participants. Independent variables would include the extent to which the gay identity is viewed as publicly legitimate, and the extent to which the gay identity is viewed as privately legitimate. Dependent variables would include assessments of identity management strategies, in-group identification and psychosocial well-being. A further outcome measure should include length of time spent within the acceptance stage. I would predict that acceptance participants with publicly and privately legitimate identities would be less likely to use the acting straight identity management strategy, would show greater in-group identification and better well-being, and would quickly transition to the pride stage. In contrast, I would predict that acceptance participants with identities viewed as non-legitimate would be more likely to use the acting straight identity management strategy, would deidentify with the gay group, would have poorer well-being, and would take longer to transition to the pride stage.

Cultural Legitimacy within Non-Western Society

Cass' (1979) model aimed to describe the gay identity development process as it occurs in Western society. However, it would be interesting to compare gay identity development in non-Western contexts. An initial investigation should aim to determine which parts of Cass' model accurately describe the experience of gay identity development in a non-Western culture. This would require a large diverse sample of gay men from a non-Western culture. Initially there should be a qualitative investigation of participants' retrospective accounts of their sexual identity development. This procedure would be similar to early investigations of gay identity development in Western cultures (e.g. Dank, 1971; Warren, 1974; Weinberg, 1970). This would provide evidence whether the stage descriptions developed by Cass (1979, 1984b) accurately reflected the non-Western sexual identity development process. Assuming these initial investigations revealed areas in common, subsequent studies should then employ quantitative assessments of HIF stage (such as the GIQ) as well as assessing well-being.

Theoretical Development of Cass' (1979) Model

Revisiting Assumptions about the Acceptance Stage

The current research provides some additional perspectives on the more fundamental theoretical assumptions underlying Cass' (1979) model. Cass (1984b) described the middle HIF stages as a time where the individual's gay identity is "peaceful and stable" (p. 152). This description is inconsistent with the findings of the current research. In Study 1, Study 2, and Study 4, I demonstrated that the middle HIF stages are actually the point at which the individual experiences the poorest psychosocial well-being. The acceptance stage is characterised by low self-esteem, depression and negative affect, loneliness, and reduced satisfaction with life. The

individual may have accepted the gay identity as inevitable, but the process of gay identity development is at its most difficult.

Cass also reported that acceptance people use three strategies in order to deal with the various sources of incongruity: passing, limiting contact with other gay people, and selective disclosure. In the current research, I found that acceptance participants employed active and passive closeting to a greater extent than synthesis participants. These constructs appear to be similar to Cass' terms 'selective disclosure' and 'passing' respectively. Similarly, I found that acceptance participants de-identified from the gay in-group to a greater extent than synthesis participants. Again, de-identification appears to be similar to Cass' observation that acceptance participants sometimes limit their contact with other gay people. Cass implied that certain individuals were able to use these strategies successfully (and hence remained in the acceptance stage), whereas others were not able to use these strategies successfully. In the latter case, Cass argued that the individual is likely to either continue to attempt to use these strategies unsuccessfully, or to reject the idea that partial legitimisation of the self-concept is acceptable and progress to the next HIF stage. In the current research, I found no evidence that the strategies could be used successfully to support psychosocial well-being. Specifically, I found negative correlations between active closeting and well-being ($r = -.31, p < .01$), passive closeting and well-being ($r = -.14, p = .04$), and overall closeting and well-being ($r = -.26, p < .01$). Further, there was a negative correlation between global deidentification and well-being ($r = -.39, p < .01$). Therefore, use of these strategies predicted poor psychosocial well-being. This would be inconsistent with Cass' argument that some individuals were able to use these strategies effectively. Rather, it appears that use of these strategies increases incongruity between person identity, social identity, and behaviour, resulting in poor well-being. The individuals

who remain in the acceptance stage and continue to use these strategies may in fact do so because the strategies are ineffective at resolving incongruity, and so do not assist progression to the next stage of gay identity development.

Implications for Other Models of Identity Formation

The current research holds implications for other models of identity formation, including models of general identity development and ethnic identity development. These issues are discussed below.

Marcia's (1966) Model of Identity Development

Marcia (1966) developed a model of identity formation, in which the individual engages exploration of the identity, and commitment to the identity. Exploration encompasses the individual's attempts to pursue a refined, accurate sense of self. Commitment reflects the individual's choice to adopt a particular identity that represents a unification of goals, values and beliefs.

Marcia's (1966) model details four statuses that can arise through the process of exploration and commitment to the identity. The individual might commit to an identity without previous exploration, resulting in a status labelled *foreclosure*. The individual might engage in substantial exploration, meanwhile withholding commitment to the identity, resulting in a status labelled *moratorium*. The individual might complete a process of exploration, and then demonstrate commitment to the identity, resulting in a status labelled *achievement*. Finally, the individual might avoid both exploration of and commitment to the identity, resulting in a status labelled *diffusion*.

Worthington et al. (2008) conducted the only direct investigation of Marcia's (1966) model of identity development as applied to sexual identity development.

Worthington et al. carried out three studies to develop and validate the Measure of Sexual Identity Exploration and Commitment (MoSIEC), a measure suitable for assessing the process of sexual identity development among individuals of any sexual identity. The scale was found to consist of four dimensions of sexual identity: commitment, exploration, sexual orientation identity uncertainty, and synthesis/integration. These factors were largely consistent with Marcia's argument that identity development is driven by the process of exploration and commitment. The sexual orientation identity uncertainty dimension appeared to reflect Marcia's original concept of moratorium.

A significant difference between Marcia's (1966) model of identity development as investigated by Worthington et al., and Cass' (1979) model of gay identity formation, was that Marcia's model was primarily concerned with personal identity. In contrast, Cass' model investigates aspects of both personal identity and social identity. My current research suggests that changes in well-being during the gay identity development process are largely driven by the individual's responses to the gay *social* identity. That is, some individuals realise that the gay identity is negatively valued by wider society, and respond through deidentifying with the gay group, acting straight, or experiencing increased identity salience.

Further investigation of Marcia's (1966) model could address whether the social context alters the timing or consequences of the processes of exploration and commitment. The current research found that synthesis participants experienced high levels of psychosocial well-being. On the surface, one might therefore predict that people who reach Marcia's status of achievement might also experience high levels of well-being. However, Cass (1979) indicates that individuals in the acceptance stage of HIF have a stable sense of gay personal identity. That is, acceptance participants accept

that they are gay, and believe that being gay is a fixed aspect of the self. In Marcia's model, acceptance participants have therefore reached 'achievement' of a gay personal identity. However, Cass' model takes a wider view of gay identity development, including not only personal identity but also social identity. Cass' model therefore offers more insight into why some men with gay personal identity experience poor well-being whereas others experience excellent well-being.

Ethnic Identity Development

Stage models of ethnic identity development have been investigated in a wide range of ethnic groups, including African Americans (Cross, 1971, 1995), Asian Americans and Latino Americans (Atkinson, Morten, & Sue, 1989; Ponterotto & Pedersen, 1993), and members of any ethnic minority group in America (Phinney, 1990). Yi and Shorter-Gooden (1999) described the similarities of each stage model of ethnic identity. Initially the individual holds a negative ethnic self-image (or at least a neutral self-image) that has been accepted unquestioningly. This image is generally reflective of stereotypes of the ethnic identity held by the European American majority. The individual then begins an active process of exploring this uncritically accepted image. The process of exploration results in a rejection of the previously held image, and the individual attains a final stage of self-acceptance and pride in the ethnic identity.

There has been considerable research interest in the relationship between ethnic identity and well-being. Such studies have consistently demonstrated that a well-established ethnic identity predicted good mental health and well-being in a diverse range of ethnic minority groups, including Asian Americans (Lee, 2003; Yip, 2005), African American women (Pyant & Yanico, 1991), Latino American adolescents

(Umana-Taylor, Vargas-Chanes, Garcia, & Gonzales-Backen, 2008) and Arab-European adolescents in Israel (Abu-Rayya, 2006).

Only one study investigated the relationship between the stage of ethnic identity development and well-being. Seaton et al. (2006) investigated identity status (diffusion, foreclosure, moratorium, achievement), developmental trajectories, and whether youth in the achieved status report higher levels of psychological well-being. Participants were 224 African American adolescents, aged 11-17, who were followed up in a longitudinal design. Cluster analyses were used to create 4 identity statuses consistent with the theoretical model at both time points. Seaton et al. reported that some adolescents progressed through the stages, while others regressed or remained constant across time periods. Most importantly, the results generally supported the hypothesis that individuals in the achieved status would have the highest levels of psychological well-being.

The findings of the current research are consistent with Seaton et al. (2006) and similar studies (e.g., Abu-Rayya, 2006; Lee, 2003; Pyant & Yanico, 1991; Yip, 2005; Umana-Taylor et al., 2008), in that people with an established identity demonstrate higher levels of well-being than those with a less established identity.

In the current research, the relationship between stage of gay identity development was mediated by identity salience, deidentification, and use of an acting straight strategy. Future research could investigate whether the relationship between stage of ethnic identity development and well-being is also mediated by identity salience, deidentification, and attempting to be as similar as possible to the out-group. Participants from an ethnic minority group would complete a measure of stage of identity development (e.g., a modified version of the measure used by Seaton et al., 2008), a modified version of the Gay In-Group Identification Scale designed in Study 3,

a modified version of Blanz et al.'s (1998) Identity Management Strategies Scale, and a variety of measures assessing psychosocial well-being. If the same pattern of mediation was revealed, this would constitute evidence that the findings of the current research are applicable to minority identity formation in general, rather than gay identity in particular.

Implications of the Research Findings

Poor Well-Being is not an Inherent Part of Being Gay

The current research findings suggest that the well-being problems observed in some gay men are not an inherent part of being gay. Rather, poor well-being is observed primarily within the middle stages of gay identity development. In the current research I found that acceptance stage individuals demonstrate low levels of in-group identification, are more preoccupied with their gay identity, and attempt to manage the gay identity by using an acting straight strategy. These factors are associated with their poor psychosocial well-being. In contrast, synthesis participants identify strongly with the gay in-group, are less preoccupied with the gay identity, and are less reliant on using the acting straight identity management strategy. These factors explain the positive psychosocial well-being experienced by synthesis individuals.

Clinical Interventions during Gay Identity Development

According to Cass' (1979) model, the impetus for movement through the stages comes from the individual's perception of incongruity between personal identity, social identity, and behaviour. This incongruity is uncomfortable for the individual, who attempts to achieve congruence to alleviate the discomfort. Could it be that the poorer well-being observed in the current research motivates individuals to progress through

the stages of gay identity development? If so, would clinical interventions attempting to “improve well-being” for middle stage individuals actually reduce their motivation and stall progression through the stages?

I would argue that the discomfort associated with incongruity between personal identity, social identity, and behaviour, is distinct from the poor well-being observed in acceptance participants. An individual may experience discomfort associated with cognitive dissonance without experiencing the pathological extent of loneliness, sadness, negative affect, low self-esteem, and dissatisfaction with life observed within acceptance participants (Festinger & Bramel, 1962). The current research found that poor well-being was primarily associated with the means by which participants responded to the gay identity: excessive preoccupation (identity salience); distancing the self from the gay in-group (de-identification); and use of the acting straight strategy. The clinician is unlikely to stall the process of gay identity development by working on alternative ways to respond to the gay identity.

In fact, it is likely that these maladaptive responses to gay identity (excessive preoccupation, distancing the self from the gay in-group, and using the acting straight strategy) are themselves stalling the process of gay identity development, possibly resulting in identity foreclosure. Cass (1979) clearly indicates that the acceptance stage is “characterized by continued and increasing contacts with other homosexuals” (p. 231)...“the gay subculture now plays an increasingly important part in [the individual’s] life” (p. 232). Clearly, de-identifying with the gay in-group and using the acting straight strategy do not promote successful completion of the developmental tasks of the acceptance stage. The individual may well become preoccupied and frustrated (observed as heightened identity salience) at this impasse. By assisting the individual to consider alternative ways to respond to the gay identity, the clinician is likely to foster

the process of gay identity development, as well as improve the individual's psychosocial well-being.

The current findings have obvious implications for designing clinical interventions to assist gay men during the gay identity development process. Clinicians working with gay men need to offer interventions that are sensitive to the individual's stage of gay identity development (Davies, 1996). This is not currently the practice in all settings, possibly because of limitations in training in clinical psychology. Graham, Rawlings, Halpern and Hermes (1984) surveyed 112 therapists and found that most therapists had liberal attitudes towards sexual minorities. However, the therapists generally admitted a lack of knowledge concerning lesbian and gay male lifestyles. Graham et al. recommended that training in counselling lesbian and gay male clients should become a standard feature of accredited training programs in clinical psychology, and demonstrated competence in counselling lesbian and gay male clients should be required for professional registration, and that ongoing education regarding sexual minorities should be available for practicing clinical psychologists. More recently, Murphy, Rawlings and Howe (2002) surveyed 378 private clinical psychologists in the USA and received 125 responses. Participants all had postgraduate training in psychology at the doctoral level. Murphy et al. reported that sexual minority clients represented a significant part of the average clinical psychologist's caseload, yet graduate training provided only basic education regarding the concerns of sexual minorities. This finding demonstrates that clinical training lacked sufficient education about issues pertinent to sexual minorities from the 1980s through to the early 2000s. There is some evidence of recent improvement, however. Kilgore, Sideman, Amin, Baca, and Bohanske (2005) surveyed 437 members of the American Psychological Association, and found that psychologists were more likely to view an active lesbian,

gay or bisexual lifestyle and identity as acceptable and non-pathological, more likely to provide supportive gay-affirmative therapy, and were much less likely to support changing sexual orientation through psychotherapy. Female psychologists were significantly more likely to view a sexual minority lifestyle as acceptable and to provide gay-affirmative therapy compared with male psychologists. Finally, training opportunities for psychologists regarding sexual minority issues appeared to be increasing compared to previous surveys.

Interventions for those in the early HIF stages should aim to minimise or prevent the decline in well-being associated with the middle stages. Clinicians working with early stage gay men need to be aware that as the individual proceeds through the developmental process there may be a significant decline in well-being.

Monitoring for risk of harm to self, as well as depression, anxiety, and social disconnection is imperative when working with middle-stage gay men. Effective assistance for middle stage individuals requires the clinician to be being aware of the difficulties that middle stage gay men might be facing. The current results suggest that de-identification and using an acting straight strategy is deleterious to well-being. Middle stage individuals may need help to build their identification with other gay individuals and reduce reliance on the acting straight strategy. Individuals may need assistance to develop their capacity to build networks within the gay community.

The finding that acceptance participants experience high levels of identity salience suggests that they may be preoccupied with the gay identity. The preoccupation is likely to be driven by an awareness of incongruity between personal identity, social identity and behaviour. The aim of therapy might be to target the incongruity in the first instance. The clinician may guide the individual towards responses to the gay identity that build congruence, reducing distress. The clinician should also assist the client to

consider a range of perspectives on the gay identity. The individual in the acceptance stage might feel overwhelmed by the implications of the new identity, particularly given that increased commitment to the new gay identity leads to a loss of the former non-gay identity. The individual might fear loss of existing social relationships (and these fears could well be justified), and might doubt whether the prospect of building new relationships makes the change worthwhile. The overall aims of therapy with middle stage participants should be (a) to assist the individual to accept and commit to the gay identity, (b) to assist the individual to build positive supportive links within the gay in-group, and (c) to develop a more positive view of gay identity.

Obviously, a wide range of factors can impact on psychosocial well-being, including personality (Wood, Linley, Maltby, Baliousis, & Joseph (2008), coping style (Folkman & Lazarus, 1990; Nelson, 1989), presence or absence of stressful life events (Nelson, 1989; Schlosser, 1990), presence of social support (Spencer, 2006), and traumatic experiences in childhood (Anda et al., 2006). It is therefore important to consider a range of influences on the individual's life, and not assume that any difficulties with well-being are necessarily associated with the gay identity development process.

Social Change to Enhance Well-Being during Gay Identity Development

The results of the current research also highlight the need for widespread social change if the poor well-being experienced by people in the middle HIF stages is to be minimised. The development of gay identity within Western society reflects an intersection between social psychology and clinical psychology, where individual well-being is strongly influenced by the way in which wider society views the emergent identity. In the current research, I found that the well-being problems were largely due

to the use of de-identifying identity management strategies and a preoccupation with the emergent gay identity. Identity management strategies are used by individuals to manage the consequences of a negatively valued social identity (Blanz et al., 1998). This means that acceptance people use identity management strategies because they perceive the gay identity to be negatively valued by the wider community. More positive attitudes towards gay identity in society will reduce reliance on identity management strategies, and this is likely to improve the well-being of lesbians and gay men. There are historical precedents which demonstrate that such attitudinal change is possible, with examples including gradual alterations in attitudes towards women and racial minorities within Australia (Beck & Davis, 2005; Connell, 2006; Forsyth, 2007; Fredericks, 2006; Hooper, Thomas & Clarke, 2007; Miller, Lietz, & Kotte, 2002). There is also evidence that attitudes towards gay people are changing. In Australia, the past 20 years has seen decriminalisation of male homosexuality; inclusion of sexual orientation within antidiscrimination legislation; the recognition of same-sex relationships in all states; amendment of superannuation laws to include same-sex relationships; and equalisation of age of consent (Gay & Lesbian Rights Lobby, 2006). These ongoing sociostructural changes signal the possibility of positive change for people developing a gay identity within Australia. Internationally, there have been similar advances. For example, in the USA, the state of Vermont began to perform and recognise same-sex civil unions in 2000, and Massachusetts began to perform and recognise same-sex marriage in 2004 (Shapiro, 2004, May 18). The future goal should be that gay identity becomes viewed as acceptable, equal, and non-stigmatised both by the wider community and the individual.

Positive Growth is Always Possible

It is clear that the path to developing a gay identity is difficult for many, but that positive growth and identity synthesis can occur. The following quote is from the online blog of a young man who commented on the relationship between gay identity development and well-being. In this quote, the young man discusses his own experiences of gay identity development. He describes how his difficulties accepting his gay identity were associated with depression and suicidal ideation. He maintained a false self through both active and passive closeting. He notes that a crucial change occurred once he realised that his attempts at “acting straight” were futile. This appeared to mark significant forward movement in the gay identity development process. This passage brings home the real implications of many key issues discussed in this thesis, in a touching and personal way:

This is a very difficult post for me to write, and until a few days ago, I'd convinced myself that this was a private matter that didn't belong on the blog.

But then I had a conversation in a chat room with an army soldier who absolutely hated himself and other gay men and was disgusted by homosexuality in general. This brief chat reminded me just how tough the struggle was for me to reconcile my career goals, family relationships, and religion with my sexuality.

Hopefully, by reading this entry, someone out there will better understand what they're going through right now and find their own way to cope with it.

For two years, up until March of 2006, I suffered from depression.

I never went to get counseling for it, was never medicated, and didn't even really know what was wrong with me at the time.

It all happened while I was in law school, a place where a lot of people, gay and straight, experience depression because of the stress and competitiveness.

But still, people who knew me back then would've been shocked to know I was anything but happy.

I was the pinnacle of success, at the top of my class, published in an Ivy League journal, and the best mock trial competitor in school. I was popular amongst both students and faculty, and I could've dated any girl on campus. I mentored dozens of law students on how to get published, how to win barrister events, and funny enough, how to make it through law school with their sanity.

But through all of this, I was miserable.

Now that I look back, I believe that several challenges caused my depression:

Part of it was the pressures of law school.

Part of it was financial stress.

Part of it was my brutal fight with God over homosexuality.

My break up with Rick, the game warden, certainly didn't help.

But I think that the biggest influence was that, after Rick and I went our separate ways, I tried to go back to women.

I had visions of a white picket fence, children, a dog, and a two-story house in suburbia, and I decided I'd try one last time to "go straight." After all, I thought, my folks would be fantastic grandparents, and they're just dying for some grandkids and a daughter-in-law.

It was during that period that my depression was the worst.

For the most part, the days were good. As long as I was laughing with friends or swamped with work, I didn't have time to dwell on my emptiness inside.

But the nights always got me. It was as if a shadow fell over me whenever the sun went down.

I can't begin to count all of the sad nights I went to bed wanting to ball my eyes out. I felt such an emptiness, like a void deep within me that desperately needed to be filled.

And I had no clue why.

Suicide even danced through my mind while I laid there between the sheets staring up at my dark bedroom ceiling. I never actually made any concrete plans to off myself, but I pondered over and over again how easy it'd be and how many problems it'd solve. I owned guns, and knew it'd only take a matter of minutes.

I never actually drew up solid plans to kill myself.

I think it was the thought of my parents, and how devastated they'd be, that kept me from taking that next step. After all, suicide is such a self-centered act. My family is very close, and I knew that my folks would never fully recover from losing their only son.

For two years, I tried to date women.

I broke several hearts, hearts of beautiful, intelligent girls who were fooled into believing I could really love them.

I got so sick of lying to everyone and sneaking out to the only gay bar in the small college town.

At one point, I got tired of sex with women and really tired of making up excuses not to be intimate with my girlfriends.

I felt immense guilt almost every day for the last year of law school, and I was restless, throwing myself into studying, work, and writing to avoid my depression and my illicit life.

Finally, when I couldn't make "acting straight" work out with a gorgeous, blond neurosurgeon who'd been a college cheerleader, I knew that my days of hunting for women were finished.

She was amazing, one of a kind, and quite possibly the sweetest person I've ever met.

I felt terrible for leading her on for so long.

But something good came out of that last relationship. Starting on the day that we broke it off in March of 2006, I've remained true to my sexuality and true to my attraction to men.

Sure, I'm not out to everyone in the world yet, but I'm at least completely out to myself.

The day that I finally accepted that I could only ever love another man, a great weight lifted off my shoulders.

I can't remember feeling truly depressed since that point in my life.

Of course there're still days when I'm down, just like anyone else, but I've never once laid in bed pondering the pros and cons of suicide.

Since graduating from law school and moving to the city to practice law, I've come out to several friends.

Each time I come out to someone, my life gets a little better, and I get a little happier.

For me, depression took a hard toll. But I was able to get through it by finally being true to myself and to some of the people close to me.

I look forward to the day that I'm fully out to all of my friends and family, and I hope that the soldier I chatted with can find peace in his struggle (Anonymous, 2007).

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APPENDIX A: INSTRUMENTS USED IN THE STUDIES

Gay Identity Questionnaire (Brady & Busse, 1994)

Some people feel sexual and emotional attraction to members of the same sex.

Please answer true or false to each of the following questions.

| | | |
|--|---|---|
| 1. I probably am sexually attracted equally to men and women. | T | F |
| 2. I live a homosexual lifestyle at home, while at work / school I do not want others to know about my lifestyle. | T | F |
| 3. My homosexuality is a valid private identity, that I do not want made public. | T | F |
| 4. I have feelings I would label as homosexual. | T | F |
| 5. I have little desire to be around most heterosexuals. | T | F |
| 6. I doubt that I am homosexual, but still am confused about who I am sexually. | T | F |
| 7. I do not want most heterosexuals to know that I am definitely homosexual. | T | F |
| 8. I am very proud to be gay and make it known to everyone around me. | T | F |
| 9. I don't have much contact with heterosexuals and can't say that I miss it. | T | F |
| 10. I generally feel comfortable being the only gay person in a group of heterosexuals. | T | F |
| 11. I'm probably homosexual, even though I maintain a heterosexual image in both my personal and public life. | T | F |
| 12. I have disclosed to 1 or 2 people (very few) that I have homosexual feelings, although I'm not sure I'm homosexual. | T | F |
| 13. I am not as angry about society's treatment of gays because even though I've told everyone about my gayness, they have responded well. | T | F |
| 14. I am definitely homosexual but I do not share that knowledge with most people. | T | F |
| 15. I don't mind if homosexuals know that I have homosexual thoughts and feelings, but I don't want others to know. | T | F |
| 16. More than likely I'm homosexual, although I'm not positive about it yet. | T | F |
| 17. I don't act like most homosexuals do, so I doubt that I'm homosexual. | T | F |
| 18. I'm probably homosexual but I'm not sure yet. | T | F |
| 19. I am openly gay and fully integrated into heterosexual society. | T | F |
| 20. I don't think that I'm homosexual. | T | F |
| 21. I don't feel I'm heterosexual or homosexual. | T | F |
| 22. I have thoughts I would label as homosexual. | T | F |

| | | |
|--|---|---|
| 23. I don't want people to know that I may be homosexual, although I'm not sure if I am homosexual or not. | T | F |
| 24. I may be homosexual and I am upset at the thought of it. | T | F |
| 25. The topic of homosexuality does not relate to me personally. | T | F |
| 26. I frequently confront people about their irrational, homophobic (fear of homosexuality) feelings. | T | F |
| 27. Getting in touch with homosexuals is something I feel I need to do, even though I'm not sure I want to. | T | F |
| 28. I have homosexual thoughts and feelings but I doubt that I'm homosexual. | T | F |
| 29. I dread having to deal with the fact that I may be homosexual. | T | F |
| 30. I am proud and open with everyone about being gay, but it isn't the major focus of my life. | T | F |
| 31. I probably am heterosexual or non-sexual. | T | F |
| 32. I am experimenting with my same sex, because I don't know what my sexual preference is. | T | F |
| 33. I feel accepted by homosexual friends and acquaintances, even though I'm not sure I'm homosexual. | T | F |
| 34. I frequently express to others, anger over heterosexuals' oppression of me and other gays. | T | F |
| 35. I have not told most of the people at work that I am definitely homosexual. | T | F |
| 36. I accept but would not say I am proud of the fact that I am definitely homosexual. | T | F |
| 37. I cannot imagine sharing my homosexual feelings with anyone. | T | F |
| 38. Most heterosexuals are not credible sources of help for me. | T | F |
| 39. I am openly gay around gays and heterosexuals. | T | F |
| 40. I engage in sexual behaviour I would label as homosexual. | T | F |
| 41. I am not about to stay hidden as gay for anyone. | T | F |
| 42. I tolerate rather than accept my homosexual thoughts and feelings. | T | F |
| 43. My heterosexual friends, family and associates think of me as a person who happens to be gay, rather than as a gay person. | T | F |
| 44. Even though I am definitely homosexual, I have not told my family. | T | F |
| 45. I am openly gay with everyone, but it doesn't make me feel all that different from heterosexuals. | T | F |

Depression-Happiness Scale (McGreal & Joseph, 1993)

A number of statements that people have used to describe how they feel are given below. Read each one and circle the number that best describes how frequently each statement was true for you in the past seven days, including today. Some statements describe positive feelings and some describe negative feelings. You may have experienced both positive and negative feelings at different times in the past week.

| Question | Frequency in the last week | | | |
|---|----------------------------|--------|-----------|-------|
| | Never | Rarely | Sometimes | Often |
| 1. I felt sad. | 0 | 1 | 2 | 3 |
| 2. I felt I had failed as a person. | 0 | 1 | 2 | 3 |
| 3. I felt dissatisfied with my life. | 0 | 1 | 2 | 3 |
| 4. I felt mentally alert. | 0 | 1 | 2 | 3 |
| 5. I felt disappointed with myself. | 0 | 1 | 2 | 3 |
| 6. I felt cheerful. | 0 | 1 | 2 | 3 |
| 7. I felt life wasn't worth living. | 0 | 1 | 2 | 3 |
| 8. I felt satisfied with my life. | 0 | 1 | 2 | 3 |
| 9. I felt healthy. | 0 | 1 | 2 | 3 |
| 10. I felt like crying. | 0 | 1 | 2 | 3 |
| 11. I felt I had been successful. | 0 | 1 | 2 | 3 |
| 12. I felt happy. | 0 | 1 | 2 | 3 |
| 13. I felt I couldn't make decisions. | 0 | 1 | 2 | 3 |
| 14. I felt unattractive. | 0 | 1 | 2 | 3 |
| 15. I felt optimistic about the future. | 0 | 1 | 2 | 3 |
| 16. I felt life was rewarding. | 0 | 1 | 2 | 3 |
| 17. I felt cheerless. | 0 | 1 | 2 | 3 |
| 18. I felt life had a purpose. | 0 | 1 | 2 | 3 |
| 19. I felt too tired to do anything. | 0 | 1 | 2 | 3 |
| 20. I felt pleased with the way I am. | 0 | 1 | 2 | 3 |
| 21. I felt lethargic. | 0 | 1 | 2 | 3 |
| 22. I found it easy to make decisions. | 0 | 1 | 2 | 3 |
| 23. I felt life was enjoyable. | 0 | 1 | 2 | 3 |
| 24. I felt life was meaningless. | 0 | 1 | 2 | 3 |
| 25. I felt run down. | 0 | 1 | 2 | 3 |

Satisfaction with Life Scale (Diener, Emmons, Larsen & Griffin, 1985)

Below are five statements with which you may agree or disagree. Using the scale below, indicate your level of agreement with each item.

- 1 = Strongly disagree.
- 2 = Disagree.
- 3 = Slightly disagree.
- 4 = Neither agree nor disagree
- 5 = Slightly agree.
- 6 = Agree.
- 7 = Strongly agree.

-
- 1. In most ways my life is close to ideal.
 - 2. The conditions of my life are excellent.
 - 3. I am satisfied with my life.
 - 4. So far I have got the important things I want in life.
 - 5. If I could live my life over, I would change almost nothing.
-

UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980).

Indicate how often you have felt the way described in each statement using the following scale:

- 1 = I have never felt this way.
- 2 = I have felt this way rarely.
- 3 = I have felt this way sometimes.
- 4 = I have felt this way often.

-
1. I feel in tune with the people around me.
 2. I lack companionship.
 3. There is no one I can turn to.
 4. I do not feel alone.
 5. I feel part of a group of friends.
 6. I have a lot in common with the people around me.
 7. I am no longer close to anyone.
 8. My interests and ideas are not shared by those around me.
 9. I am an outgoing person.
 10. There are people I feel close to.
 11. I feel left out.
 12. My social relationships are superficial.
 13. No one really knows me well.
 14. I feel isolated from others.
 15. I can find companionship when I want it.
 16. There are people who really understand me.
 17. I am unhappy being so withdrawn.
 18. People are around me but not with me.
 19. There are people I can talk to.
 20. There are people I can turn to.
-

Index of Self-Esteem (Hudson, 1982)

This questionnaire is designed to measure how you see yourself. It is not a test, so there is no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1 = Rarely or none of the time.

2 = A little of the time.

3 = Some of the time.

4 = A good part of the time.

5 = Most or all of the time.

-
1. I feel that people would not like me if they really got to know me well.
 2. I feel that others get along much better than I do.
 3. I feel that I am a beautiful person.
 4. When I am with other people I feel they are glad I am with them.
 5. I feel that people really like to talk to me.
 6. I feel that I am a very competent person.
 7. I think I make a good impression on others.
 8. I feel that I need more self-confidence.
 9. When I am with strangers I am very nervous.
 10. I think that I am a dull person.
 11. I feel ugly.
 12. I feel that others have more fun than I do.
 13. I feel that I bore people.
 14. I think my friends find me interesting.
 15. I think I have a good sense of humour.
 16. I feel very self-conscious when I am with strangers.
 17. I feel that if I could be more like other people I would have it made.
 18. I feel that people have a good time when they are with me.
 19. I feel like a wall flower when I go out.
 20. I feel I get pushed around more than others.
 21. I think I am a rather nice person.
 22. I feel that people really like me very much.
 23. I feel that I am a likeable person.
 24. I am afraid I will appear foolish to others.
 25. My friends think very highly of me.
-

Group Identification Scale (Karasawa, 1991)

-
1. How accurate would it be if you were described as a typical gay man?
 2. How often do you acknowledge that you are gay?
 3. How good would you feel if you were described as a typical gay man?
 4. How often do you indicate that you are gay when you meet someone for the first time?
 5. To what extent do you feel proud about the idea of being gay?
 6. How many gay men have influenced your thoughts and behaviours?
 7. Are most of your best friends gay or straight?
-

Note that this scale was modified to be applicable to measuring in-group identification in gay men.

Collective Self-Esteem Scale (Luhtanen & Crocker, 1992)

We are all members of social groups or social categories. One of these social categories pertains to gay sexual identity. We would like you to consider your membership in that particular group and respond to the following statements on the basis of how you feel about this group and your membership in it. There are no right or wrong answers to these statements; we are interested in your honest reactions and opinions.

- 1 = Strongly disagree.
- 2 = Disagree.
- 3 = Slightly disagree.
- 4 = Neither agree nor disagree
- 5 = Slightly agree.
- 6 = Agree.
- 7 = Strongly agree.

-
- 1. I am a worthy member of this group.
 - 2. I often regret that I belong to this group.
 - 3. Overall, this group is considered good by others.
 - 4. Overall, my group membership has very little to do with how I feel about myself.
 - 5. I feel I don't have much to offer this group.
 - 6. In general, I'm glad to be a member of this group.
 - 7. Most people consider this group, on average, to be more ineffective than the other social groups.
 - 8. This group is an important reflection of who I am.
 - 9. I am a cooperative participant in this group.
 - 10. Overall, I often feel that this group is not worthwhile.
 - 11. In general, others respect this group.
 - 12. This group is unimportant to my sense of what kind of person I am.
 - 13. I often feel I'm a useless member of this group.
 - 14. I feel good about this group.
 - 15. In general, others think that this group is unworthy.
 - 16. In general, belonging to this group is an important part of my self-image.
-

Note that this scale was modified to be applicable to measuring collective self-esteem identification in gay men.

Self-Other Closeting Scale

1. Please rate your sexual orientation:

| | | | | | | |
|----------|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally | | | | | | Totally |
| Straight | | | | | | Gay |

2. Please rate how you believe your parents perceive your sexual orientation:

| | | | | | | |
|----------|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally | | | | | | Totally |
| Straight | | | | | | Gay |

3. Please rate how you believe your other close family members perceive your sexual orientation:

| | | | | | | |
|----------|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally | | | | | | Totally |
| Straight | | | | | | Gay |

4. Please rate how you believe your other relatives perceive your sexual orientation:

| | | | | | | |
|----------|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally | | | | | | Totally |
| Straight | | | | | | Gay |

5. Please rate how you believe your workmates / classmates perceive your sexual orientation:

| | | | | | | |
|----------|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally | | | | | | Totally |
| Straight | | | | | | Gay |

6. Please rate how you believe your bosses / supervisors / teachers perceive your sexual orientation:

| | | | | | | |
|----------|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally | | | | | | Totally |
| Straight | | | | | | Gay |

7. Please rate how you believe your straight friends perceive your sexual orientation:

| | | | | | | |
|----------|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally | | | | | | Totally |
| Straight | | | | | | Gay |

8. Please rate how you believe strangers perceive your sexual orientation:

| | | | | | | |
|----------|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally | | | | | | Totally |
| Straight | | | | | | Gay |

9. Please rate how your sexual partners perceive your sexual orientation:

| | | | | | | |
|----------|---|---|---|---|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally | | | | | | Totally |
| Straight | | | | | | Gay |

Gay In-Group Identification Scale

Please answer the following questions according to the following scale:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Mildly Disagree
- 4 = Neither Agree Nor Disagree
- 5 = Mildly Agree
- 6 = Agree
- 7 = Strongly Agree

-
1. My sexual orientation is an important aspect of my identity.
 2. My sexual orientation comes to my attention many times in an average day.
 3. Thinking about the fact that I am a gay sometimes makes me feel bad.
 4. I feel a sense of being 'connected' with other gay men.
 5. I am a good example of an average gay man.
 6. I don't feel a strong sense of identification with other gay men.
 7. Being gay is not an important reflection of who I am.
 8. Thoughts about being gay often come into my mind.
 9. I don't like to think of myself as gay.
 10. I don't feel that I 'fit in' with other gay men.
 11. I have a lot in common with other gay men.
 12. I do not identify with other gay men.
 13. Being gay is one of my most important features.
 14. The fact that I am gay rarely enters my mind.
 15. I am glad to be gay.
 16. I don't feel a strong bond with other gay men.
 17. In general, gay men are quite different from me.
 18. I identify with gay people as a whole.
 19. My sexual orientation is not important to me.
 20. I don't think about the fact that I am gay very often.
 21. My sexual orientation is a source of happiness for me.
 22. I have strong ties with other gay men.
 23. I am not very representative of gay men.
 24. I identify with the other people of my sexual orientation.
-

Identity Management Strategies Scale (Blanz, Mummendey, Mielke & Klink, 1998)

Please answer the following questions according to the following scale:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neither Agree No Disagree
- 4 = Agree
- 5 = Strongly Agree

-
1. I make every effort to be seen as a straight person.
 2. It is very important for gay people to compare themselves with their own moral standards.
 3. It must be our goal as gay people that nobody can distinguish gay people from straight people anymore.
 4. Gay people should strive to be better than straight people.
 5. We need to ensure that resources are allocated to create social opportunities for gay people.
 6. It is more important to me to be seen as an individual rather than a member of the gay sexual orientation group.
 7. Some gay men are feminine, but it is important to show a feminine side.
 8. Gay people consider living in a traditionally masculine way to be very important.
 9. I consider myself to be a gay person.
 10. Before drawing conclusions about gay people, it is very important that their lifestyle be compared against that of sexually repressed people.
 11. I would like others to regard me as a straight person.
 12. We will make it clear to straight people that gay people are generally better than they are.
 13. If government grants become available for young people, we should campaign to have them allocated to programs for gay youth.
 14. I see myself as an individual rather than as a gay person.
 15. Gay men should try to be masculine like straight men.
 16. Gay people consider sensitivity to be very important.
 17. Before drawing conclusions about gay people, it is very important that their lifestyle be compared against that of straight people.
 18. I consider myself to have a healthy sex life.
 19. It is important to compare the situation of gay people now with that of gay people 50 years ago.
 20. It is very important for gay people to compare themselves with straight people.
 21. I try to live like a straight person rather than like a gay person.
 22. In shaping our future, we gay people should consciously orientate ourselves towards straight people.
 23. It is our goal for gay people to have a higher status in society than straight people.
 24. It is important to vote as many gay politicians into parliament as possible.
 25. I can do better in my life by acting as an individual rather than a member of the gay social group.
 26. Masculinity is over-rated by straight people.
 27. Gay people consider creativity to be very important.

28. I consider myself to be a member of a particular gay subgroup (examples include: bear; twink; queen; leather; or other).
 29. It is important to compare the situation of gay people with that of straight people.
 30. If I could I would belong to the straight social group.
 31. We gay people should try to become like straight people.
 32. Incentives should be established to promote facilities such as nursing homes and colleges specifically for gay people.
 33. I would rather people see me as an individual rather than think of me as a gay person.
 34. It is wrong for a man to be feminine.
 35. Gay people consider social relationships to be very important.
 36. Before drawing conclusions about gay people, it is very important that their lifestyle be compared against that of transsexuals.
 37. We gay people should take straight people as a model.
 38. We gay people have to work on enjoying a higher reputation than straight people.
-

Note that this scale was modified to be applicable to measuring identity management strategies in gay men. I made minor modifications to the instrument for Study 4, in an attempt to improve the reliability of some of the subscales.

Self-Monitoring Scale (Snyder & Gangestad, 1986)

Please answer true or false to the following items:

| | | |
|---|---|---|
| 1. I find it hard to imitate the behaviour of other people. | T | F |
| 2. At parties and social gatherings, I do not attempt to do or say things that others will like. | T | F |
| 3. I can only argue for ideas which I already believe. | T | F |
| 4. I can make impromptu speeches even on topics about which I have almost no information. | T | F |
| 5. I guess I put on a show to impress or entertain others. | T | F |
| 6. I would probably make a good actor. | T | F |
| 7. In a group of people I am rarely the center of attention. | T | F |
| 8. In different situations and with different people, I often act like very different persons. | T | F |
| 9. I am not particularly good at making people like me. | T | F |
| 10. I'm not always the person I appear to be. | T | F |
| 11. I would not change my opinions (or the way I do things) in order to please someone or win their favour. | T | F |
| 12. I have considered being an entertainer. | T | F |
| 13. I have never been good at games like charades or improvisational acting. | T | F |
| 14. I have trouble changing my behaviour to suit different people and different situations. | T | F |
| 15. At a party I let others keep the jokes and stories going. | T | F |
| 16. I feel a bit awkward in company and do not show up quite as well as I should. | T | F |
| 17. I can look anyone in the eye and tell a lie with a straight face (if for a right end). | T | F |
| 18. I may deceive people by being friendly when I really dislike them. | T | F |

Group Power and Status

Please respond to the statements below using the following scale:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Mildly Disagree
- 4 = Neither Agree Nor Disagree
- 5 = Mildly Agree
- 6 = Agree
- 7 = Strongly Agree

-
- 1. Society in general sees being gay as prestigious.
 - 2. Straight men have a high status in our society.
 - 3. Gay men have a lot of power in our society.
 - 4. Our society really values the opinions of gay men.
 - 5. Gay men have a lot of say in how things are done in our society.
 - 6. Being straight is seen as a positive attribute in our society.
 - 7. Straight men exert a lot of influence in our society.
 - 8. Society in general sees being straight as prestigious.
 - 9. Straight men clearly hold a lot of powerful positions in society.
 - 10. Gay men exert a lot of influence in our society.
 - 11. Our society really values the opinions of straight men.
 - 12. Straight people have a lot of say in how things are done in our society.
 - 13. Gay men have a high status in society.
 - 14. Straight men have a lot of power in our society.
 - 15. Being gay is seen as a positive attribute in our society.
 - 16. Gay men clearly hold a lot of powerful positions in society.
-

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

Please indicate how much you agree or disagree with the following ten statements by selecting one number on the scale beside each statement using the following key:

1 = Strongly
Agree

2 = Agree

3 = Disagree

4 = Strongly
Disagree

-
1. I feel that I'm a person of worth, at least on an equal basis with others.
 2. I feel that I have a number of good qualities.
 3. All in all, I am inclined to feel that I am a failure.
 4. I am able to do things as well as most other people.
 5. I feel I do not have much to be proud of.
 6. I take a positive attitude toward myself.
 7. On the whole, I am satisfied with myself.
 8. I wish I could have more respect for myself.
 9. I certainly feel useless at times.
 10. At times I think I am no good at all.
-

Social and Emotional Loneliness Scale (DiTommaso, Brannen & Best, 2004)

Below are fifteen statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item by selecting the appropriate number on the line preceding that item.

- 1 = Strongly disagree.
- 2 = Disagree.
- 3 = Slightly disagree.
- 4 = Neither agree nor disagree
- 5 = Slightly agree.
- 6 = Agree.
- 7 = Strongly agree.

-
- 1. I feel alone when I am with my family.
 - 2. I feel part of a group of friends.
 - 3. I have a romantic partner with whom I share my most intimate thoughts and feelings.
 - 4. There is no one in my family I can depend on for support and encouragement, but I wish there was.
 - 5. My friends understand my motives and reasoning.
 - 6. I have a romantic partner who gives me the support and encouragement I need.
 - 7. I don't have any friends who share my views, but I wish I did.
 - 8. I feel close to my family.
 - 9. I am able to depend on my friends for help.
 - 10. I wish I had a more satisfying romantic relationship.
 - 11. I feel part of my family.
 - 12. My family really cares about me.
 - 13. I do not have any friends who understand me, but I wish I did.
 - 14. I have a romantic partner to whose happiness I contribute.
 - 15. I have an unmet need for a close romantic relationship.
-

Affect Rating Scale (Lücken & Simon, 2004)

Below are twelve adjectives describing how people sometimes feel. Please rate the extent to which each adjective describes your current emotional state. Use a scale of 1 to 7, where '1' means 'not true' and 7 means 'very true'.

| | | | | | | | |
|---------------|---|---|---|---|---|---|---|
| 1. Cheerful | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Merry | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Glad | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Mad | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Angry | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Aggressive | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Sad | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Unhappy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Depressed | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Insecure | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. Relaxed | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. Calm | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Passive-Active Closeting Scale

Please rate the following ten items according to the following scale:

- 1 = Strongly disagree.
- 2 = Disagree.
- 3 = Slightly disagree.
- 4 = Neither agree nor disagree
- 5 = Slightly agree.
- 6 = Agree.
- 7 = Strongly agree.

-
- 1. If people think that I am straight, I do not correct them.
 - 2. I sometimes tell people that I am straight if I think that this will make things easier for me.
 - 3. Sometimes people assume I am straight, and that is okay with me.
 - 4. I would consider going out with a female if it maintained my straight image.
 - 5. I do not think it is up to me to put someone right when they assume I am straight.
 - 6. I sometimes change how I act so that other people will think I am straight.
 - 7. People sometimes make the mistake of thinking that I am straight, and that is not my problem.
 - 8. I would lie and say I was straight if I felt I had to.
 - 9. I am one of those gay guys who can pass as straight without even trying.
 - 10. I find myself “acting straight” when I meet new people, especially if I don’t know how they feel about gay people.
-

APPENDIX B: CREATION OF THE GAY IN-GROUP IDENTIFICATION SCALE

The first stage of constructing the scale involved a review of several existing measures of in-group identification, each of which had been used in previous published research and demonstrated to have acceptable reliability and validity (Castano, Paladino, et al., 2002; Castano, Yzerbyt, et al., 2002; Ellemers et al., 1988; Karasawa, 1991, 1995; Henry et al., 1999; Hogg and Hains, 1996; Luhtanen and Crocker, 1992; Riordan and Weatherly, 1999). The items from each scale were sorted according to content into the most appropriate of the six proposed subscales (that is, importance, identity salience, affect, prototypicality, ingroup ties and overall identification). In addition, I developed items for each of the subscales. This resulted in a pool of 109 potential items.

From the pool of potential items, four were chosen for each of the proposed subscales. Items were chosen to be part of the final scale if they were clearly written, able to be easily adapted for gay identity, and were considered to relate only to the subscale in question. For each subscale, two items were positively worded, and two were negatively worded.

The final scale consisted of 24 items and six subscales, and is presented in Table B.1.

Table B.1

Gay In-Group Identification Scale

-
1. My sexual orientation is an important aspect of my identity. (I)
 2. My sexual orientation comes to my attention many times in an average day. (S)
 3. Thinking about the fact that I am a gay sometimes makes me feel bad. (A)*
 4. I feel a sense of being 'connected' with other gay men. (T)
 5. I am a good example of an average gay man. (P)
 6. I don't feel a strong sense of identification with other gay men. (D)*
 7. Being gay is not an important reflection of who I am. (I)*
 8. Thoughts about being gay often come into my mind. (S)
 9. I don't like to think of myself as gay. (A)*
 10. I don't feel that I 'fit in' with other gay men. (T)*
 11. I have a lot in common with other gay men. (P)
 12. I do not identify with other gay men. (D)*
 13. Being gay is one of my most important features. (I)
 14. The fact that I am gay rarely enters my mind. (S)*
 15. I am glad to be gay. (A)
 16. I don't feel a strong bond with other gay men. (T)*
 17. In general, gay men are quite different from me. (P)*
 18. I identify with gay people as a whole. (D)
 19. My sexual orientation is not important to me. (I)*
 20. I don't think about the fact that I am gay very often. (S)*
 21. My sexual orientation is a source of happiness for me. (A)
 22. I have strong ties with other gay men. (T)
 23. I am not very representative of gay men. (P)*
 24. I identify with the other people of my sexual orientation. (D)
-

Note. * = reverse scored item. (I) = Importance item; (S) = Identity salience item; (A) = Affect item; (T) = In-group Ties item; (P) = Prototypicality item; (D) = Identity item.

I used the importance, identity salience, affect, in-group ties, prototypicality and global identification subscale scores as dependent variables in a 2 (HIF stage:

acceptance/synthesis) x 2 (perceived group status: low/high) x 2 (perceived group permeability: low/high) between-subjects MANOVA. The multivariate test demonstrated no significant main effects of perceived group permeability or status ($p > .48$). However, the multivariate test revealed a significant main effect of HIF stage, Pillai's trace = .18; $F(6, 228) = 8.30, p < .01$. Subsequent ANOVAs revealed a significant main effect of HIF stage on the identity salience subscale, $F(1, 241) = 9.61, p < .01$. Interestingly, acceptance participants reported higher identity salience ($M = 21.60$) than did synthesis participants ($M = 19.38$). This result suggests that acceptance participants spend more time thinking about their identity than do synthesis participants.

Subsequent ANOVAs also revealed a significant main effect of HIF stage on the affect subscale, $F(1, 241) = 34.45, p < .01$. As predicted, synthesis participants showed more positive affect ($M = 21.72$) than did acceptance participants ($M = 17.70$).

Subsequent ANOVAs also revealed a significant main effect of HIF stage on the in-group ties subscale, $F(1, 241) = 8.39, p < .01$. As predicted, synthesis participants showed stronger in-group ties ($M = 18.20$) than did acceptance participants ($M = 16.07$).

Subsequent ANOVAs also revealed a significant main effect of HIF stage on the prototypicality subscale, $F(1, 241) = 9.30, p < .01$. As predicted, synthesis participants reported greater prototypicality ($M = 16.95$) than did acceptance participants ($M = 14.94$).

Subsequent ANOVAs also revealed a significant main effect of HIF stage on the global identification subscale, $F(1, 241) = 5.77, p = .02$. As predicted, synthesis participants showed stronger global identification ($M = 19.23$) than did acceptance participants ($M = 17.65$).

Interestingly, there was no difference between synthesis and acceptance participants ratings of the importance of the identity, $F(1, 241) = .49, p = .49$. This

suggested that the gay identity was viewed as equally important by both synthesis and acceptance participants.

APPENDIX C: INDIVIDUAL IDENTITY MANAGEMENT STRATEGY

ANALYSES FOR STUDY 3

Identity Management Strategies: Multivariate Analyses of Variance

I performed a 2 (HIF stage: acceptance/synthesis) x 2 (status: low/high) x 2 (permeability: low/high) between-subjects MANOVA, with the dependent variables consisting of the 12 identity management strategies measured by the scale of Blanz et al., (1998).

The multivariate tests revealed a significant effect of permeability, Pillai's trace = .09; $F(12, 222) = 1.78, p = .05$. The multivariate test also revealed a significant effect of HIF stage, Pillai's trace = .23; $F(12, 222) = 5.57, p < .01$. However, the multivariate test revealed no significant effect of status, Pillai's trace = .05; $F(12, 222) = 1.03, p = .42$. The multivariate tests also revealed a significant interaction between permeability and status, Pillai's trace = .09; $F(12, 222) = 1.79, p = .05$, and a significant three-way interaction between permeability, status, and HIF stage, Pillai's trace = .11; $F(12, 222) = 2.33, p = .01$.

Subsequent ANOVAs revealed a significant main effect of HIF stage on the individual mobility strategy, $F(1, 233) = 56.43, p = .01$. A comparison of the means revealed that acceptance participants used the individual mobility strategy ($M = .49$) more than synthesis participants ($M = -0.40$).

An ANOVA revealed a significant main effect of HIF stage on use of the assimilation strategy, $F(1, 233) = 4.30, p = .05$. Assimilation tended to be used more by acceptance participants ($M = .14$) than synthesis participants ($M = -.12$). However, the MANOVA also revealed a significant three-way interaction of HIF stage, permeability,

and status on the assimilation identity management strategy, $F(1, 233) = 4.95, p = .05$. To analyse this interaction, we tested the permeability by stage simple interaction effects at each level of status. As shown in Figure C.1, the simple two-way interaction was significant for the low status condition, $F(1, 125) = 4.74, p = .03$, but not for the high status condition. Simple comparisons revealed that where group status is low and group permeability is low, acceptance participants use assimilation ($M = .50$) more than synthesis participants ($M = -.16$), $t(67) = 2.74, p = .01$. Furthermore, acceptance participants in low status groups used assimilation more when permeability was low ($M = .50$) than when permeability was high ($M = -.19$), $t(51) = 2.45, p = .05$.

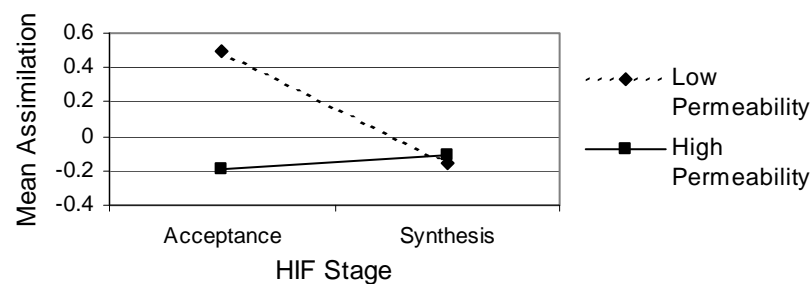


Figure C.1. Interaction between HIF stage and permeability condition on assimilation under low status conditions.

In summary, main effects of HIF stage were found for both individual mobility and assimilation. In both cases, these strategies were used more by acceptance participants than synthesis participants. However, the assimilation strategy was subject to a three-way interaction. The preference of acceptance participants for the assimilation strategy was most evident under low status, low permeability conditions. Further, where status was low, acceptance participants preferred to assimilate when permeability was also low.

An ANOVA revealed no significant effects of permeability, HIF stage, or status on the individualization strategy.

An ANOVA revealed a two-way interaction of permeability and status on the realistic competition strategy, $F(1, 233) = 4.54, p = .05$. As portrayed in Figure C.2, simple comparisons revealed that when group permeability was high, the realistic competition strategy was used more by participants in the low status condition ($M = .19$) than those in the high status condition ($M = -.17$), $t(113) = 1.97, p = .05$.

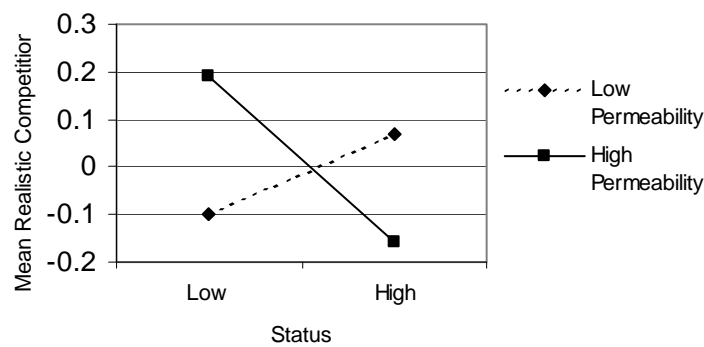


Figure C.2. Interaction between status and permeability on realistic competition.

An ANOVA revealed a three-way interaction of HIF stage, permeability and status on the social competition strategy, $F(1, 233) = 4.43, p = .05$. This interaction is portrayed in Figure C.3.

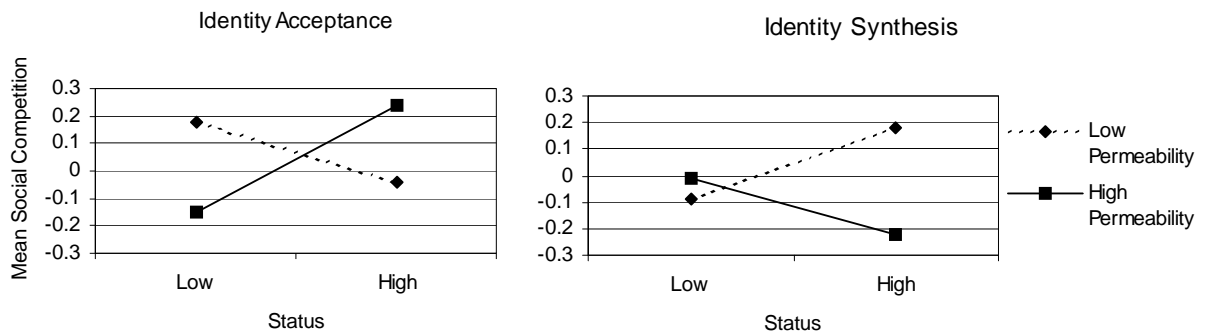


Figure C.3. Interaction between status and permeability condition on social competition at different HIF stages.

Further simple interaction and simple main effect analyses did not demonstrate any significant results. This suggests that the pattern of results is the important feature of the three-way interaction. In this case, it appears that acceptance participants in low status groups use social competition more under low permeability conditions than high permeability conditions. However, when in high status groups, acceptance participants use social competition more where permeability is high than when permeability is low. The reverse pattern is seen for synthesis participants. The latter tend to use social competition more under high permeability conditions when they are part of a low status group, and under low permeability conditions when part of a high status group.

An ANOVA revealed a significant main effect of permeability on the new comparison dimension strategy, $F(1, 233) = 5.47, p = .05$. As expected, a comparison of the means revealed that the new comparison dimension strategy is used more under conditions of low permeability ($M = .15$) than under conditions of high permeability ($M = -.17$).

An ANOVA revealed a two-way interaction of permeability and status on the temporal comparison strategy, $F(1, 233) = 7.33, p = .01$. As demonstrated in Figure C.4, when group permeability was low, the temporal comparison strategy was used

more by participants in the high status condition ($M = .25$) than those in the low status condition ($M = -.11$), $t(124) = -1.98, p = .05$. In addition, participants in the high status condition used temporal comparison more when the group boundaries had low permeability ($M = .25$) than when the boundaries were highly permeable ($M = -.23$), $t(110) = 2.44, p = .05$.

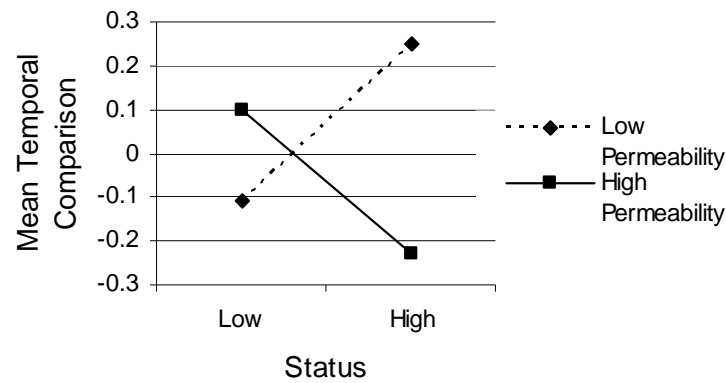


Figure C.4. Interaction between status and permeability on temporal comparison.

An ANOVA revealed a three-way interaction of HIF stage, permeability and status on the re-evaluate comparison dimension strategy, $F(1, 233) = 10.36, p = .01$. This interaction is portrayed in Figure C.5 below.

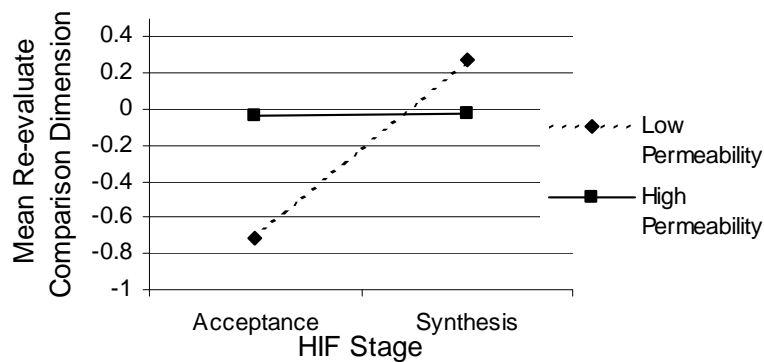


Figure C.5. Interaction between HIF stage and permeability condition on re-evaluate comparison dimension under low status conditions.

The simple two-way interaction was significant for the low status condition, $F(1, 125) = 7.77, p = .01$, but not for the high status condition. Simple comparisons revealed that under low status, low permeability conditions, the re-evaluation of comparison dimension strategy was used more by synthesis participants ($M = .27$) than acceptance participants ($M = -.72$), $t(67) = -3.67, p = .01$.

An ANOVA revealed a three-way interaction of HIF stage, permeability and status on the new comparison group strategy, $F(1, 233) = 5.41, p = .05$. This interaction is portrayed in Figure C.6 below.

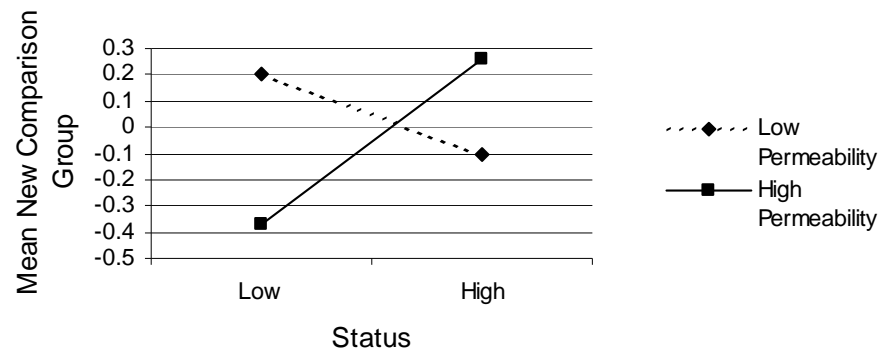


Figure C.6. Interaction between status and permeability condition on new comparison group for acceptance participants.

The simple two-way interaction was significant for the acceptance stage participants, $F(1, 104) = 6.28, p = .01$, but not for synthesis participants. Simple comparisons revealed that acceptance participants in low status groups use the new comparison group strategy more when there is low permeability ($M = .20$) than when there is high permeability ($M = -.37$), $t(51) = 2.35, p = .05$.

The MANOVA revealed no significant effects of permeability, HIF stage, or status on the superordinate recategorization, subordinate recategorization, or comparison with standard identity management strategies.

Discussion

I found a main effect for acceptance participants to favour the strategies of individual mobility and assimilation to a greater extent than synthesis participants. This evidence supports the hypothesis that acceptance participants would prefer individual strategies as methods for gaining a positive social identity. Originally, Tajfel (1978, cited in Blanz et al., 1998) described assimilation as a collective strategy with the aim of improving the social identity of the entire low status group. More recently, assimilation has been considered to be an individual strategy (e.g. Hogg & Abrams, 1988). Blanz et al. (1998) state that the conceptualization of assimilation as an individual strategy

...in this sense refers to a specific subgroup of members of a low status group which has moved to the outgroup (individual mobility) and does not necessarily imply a disappearance of the whole previous ingroup as implied by Tajfel's (1978) conceptualization of assimilation (p. 701).

In the factor analysis carried out by Blanz et al. (1998), individual mobility and assimilation together created a factor. The authors stated that the individual mobility and assimilation strategies were both similar as they involved becoming "(like) an outgroup member" (p. 719), and labelled the factor as Change of Group Membership. Blanz et al. indicated, "although we tried to operationalize assimilation as a collective strategy... the present results strongly suggest its classification as an individual response" (p.p. 718 – 719). My own factor analysis also strongly supported the classification of assimilation as an individual response, with individual mobility and assimilation forming a single factor accounting for around 20% of the variance.

The prevailing status and permeability conditions influenced the choice of identity management strategy, particularly for acceptance participants. For example, acceptance participants in low status conditions employed re-evaluation of the classification dimension more when group boundaries were highly permeable. Similarly, acceptance participants in a highly permeable group preferred to use the new comparison group strategy when the gay group was perceived as having a high status than under low status conditions.

Interestingly, the strategies used by synthesis and identity participants under low status, impermeable conditions were different. Under these conditions, synthesis participants preferred the collective, cognitive strategy of re-evaluating the comparison dimension. This is consistent with previous research that has found that low status, low permeability conditions promote the use of collective strategies among high identifiers. I also found that acceptance participants in low status groups used social competition more under low permeability conditions than high permeability conditions. However, when in high status groups, acceptance participants used social competition more where permeability was high than when permeability was low. These findings are consistent with predictions based on the findings of Ellemers et al. (1988). The reverse pattern was observed in synthesis participants, who tended to use social competition more under high permeability conditions when they were part of a low status group, and under low permeability conditions when part of a high status group. Acceptance participants also employed the individual, behavioural strategy of assimilation. As previously stated there was a main effect for acceptance participants to use the assimilation strategy to a greater extent than synthesis participants. However, the assimilation strategy was also subject to a three-way interaction. The preference of acceptance participants for the assimilation strategy was most evident under low status, low permeability conditions.

Furthermore, when status was low, acceptance participants preferred to assimilate when permeability was also low. The latter findings provide support for both the argument of Blanz et al. (1998) and my own factor analysis, in classifying assimilation as an individual strategy.

When group boundaries were highly permeable, acceptance participants used the new comparison group strategy more when they were part of a high status group than when they were part of a low status group. Furthermore, acceptance participants in low status groups used the new comparison group strategy more when there was low permeability than when there was high permeability. Both of these findings are consistent with the findings of Ellemers et al. (1988), with collective action being favoured under high permeability, high status conditions as a status protection mechanism, and under low status, low permeability conditions as an attempt to improve a negative social identity.

My analysis also indicated that the use of some identity management strategies was determined by the prevailing permeability and status conditions rather than the stage of gay identity. For example, I found that when group permeability was high, the realistic competition strategy was used more by participants in the low status condition than those in the high status condition. This was surprising, as Ellemers et al. (1988) found that in low status groups with permeable boundaries there was significantly lower group identification. I would therefore have expected participants to avoid collective strategies under these circumstances. An interesting possibility could be that the realistic competition strategy might be driven by self-interest. That is, the individual may feel that the best way to improve his own status is to join with the group and compete for resources. In contrast, social competition might have a more collective motive, such as increasing the well-being of the group as a whole. While both strategies

involve collective action, the former might be considered more individualistic in motivation.

There was also a significant main effect of permeability on the new comparison dimension strategy such that this strategy was used more under conditions of low permeability than conditions of high permeability. This makes sense, because a person who is unable to leave a group that is evaluated negatively on a particular dimension would choose to make more favourable social comparisons on an alternative dimension. There was a two-way interaction on the temporal comparison strategy, such that participants in the high status, low permeability condition, used the strategy the most. It appears that members of high status groups with impermeable boundaries use the temporal comparison strategy in order to gain a positive social identity. This allows the group members to draw favourable conclusions about the group's current status compared to previous times. In addition, high status group members are much more likely to use this strategy when group boundaries are impermeable than when they are permeable. These conditions would promote collective strategies such as temporal comparison, and the low permeability could enhance the perception of personal contribution to the improvement in status over time.

APPENDIX D: INDIVIDUAL IDENTITY MANAGEMENT STRATEGY

ANALYSES FOR STUDY 4

There were significant correlations between the various identity management strategies, as summarised in Table D.1 below. In particular there were strong positive correlations between the individual mobility and assimilation strategies ($r = .70, p = .01$), the new comparison dimension and re-evaluation of classification dimension strategies ($r = .70, p = .01$), the new comparison dimension and realistic competition strategies ($r = .60, p = .01$), and the superordinate recategorization and individualization strategies ($r = .64, p = .01$).

Table D.1

Correlations between Identity Management Strategies

| Identity Management Strategy | Identity Management Strategy | | | | | | | | | | | |
|---|------------------------------|-------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | I.M. | A. | S.C. | R.C. | I. | R.C.D. | N.C.D. | Sup.R. | Sub.R. | N.C.G. | T.C. | C.W.S. |
| Individual Mobility | 1 | .70** | .17* | -.11 | .08 | -.16* | -.06 | .06 | .08 | -.12 | -.26** | -.05 |
| Assimilation | .70** | 1 | .34* | -.04 | .13* | -.14* | .01 | .19** | .15* | .06 | -.22** | -.04 |
| Social Competition | .17* | .34** | 1 | .51** | -.12 | .32** | .46** | .05 | .37** | .32** | -.04 | .23** |
| Realistic Competition | -.11 | -.04 | .51** | 1 | -.18 | .47** | .60** | -.03 | .32** | .40** | .19** | .33** |
| Individualization | .08 | .13 | -.12 | -.18** | 1 | -.19** | -.19** | .64** | -.13 | -.05 | .03 | .07 |
| Re-evaluation of Classification Dimension | -.16* | -.14* | .32** | .47** | -.19** | 1 | .70** | -.06 | .22** | .30** | .30** | .30** |
| New Classification Dimension | -.06 | .01 | .46** | .60** | -.19 | .70** | 1 | .02 | .39** | .43** | .41** | .41** |
| Superordinate Recategorization | .06 | .19** | .05 | -.03 | .64** | -.06 | .02 | 1 | .09 | .17* | .12 | .21** |
| Subordinate Recategorization | .08 | .15* | .37** | .32** | -.13 | .22** | .39** | .09 | 1 | .45** | .22** | .33** |
| New Comparison Group | -.12 | .06 | .32** | .40** | -.05 | .30** | .43** | .12* | .45** | 1 | .36** | .38** |
| Temporal Comparison | -.26** | -.22 | -.04 | .19** | .03 | .30** | .41** | .12 | .22** | .36** | 1 | .34** |
| Comparison With Standard | .05 | -.04 | .23** | .33** | .07 | .30** | .41** | .21** | .33** | .38** | .34** | 1 |

Note. I.M. = Individual Mobility; A. = Assimilation; S.C. = Social Competition; R.C. = Realistic Competition; I. = Individualization; R.C.D. = Re-evaluation of Classification Dimension; N.C.D. = New Classification Dimension; Sup.R. = Superordinate Recategorization; Sub.R. = Subordinate Recategorization; N.C.G. = New Comparison Group; T.C. = Temporal Comparison; C.W.S. = Comparison with Standard. * $p < .05$, ** $p < .01$

I performed a 2 (HIF stage: acceptance/synthesis) x 3 (perceived group power: low/neutral/high) x 2 (self-monitoring: low/high) between-subjects MANOVA, with the dependent variables consisting of the 12 identity management strategies measured by the scale of Blanz et al., (1998).

The multivariate tests revealed a significant effect of HIF stage, Pillai's trace = .40; $F(12, 209) = 11.55, p < .01$. The multivariate test also revealed a significant effect of self-monitoring, Pillai's trace = .12; $F(12, 209) = 2.27, p = .01$. However, the multivariate test revealed no significant effect of perceived group power, Pillai's trace = .11; $F(24, 420) = 1.05, p = .40$. The multivariate tests also revealed no significant interactions, $ps > .10$.

Individual Mobility

An ANOVA revealed a significant main effect of HIF stage on the individual mobility strategy, $F(1, 220) = 64.23, p = .01$. As predicted, acceptance participants used the individual mobility strategy ($M = 12.18$) more than synthesis participants ($M = 6.47$). This replicated the findings of Study 3. There was also a main effect of self-monitoring, $F(1, 220) = 7.03, p = .01$. Consistent with our predictions, a comparison of the means revealed that high self-monitors used the individual mobility strategy ($M = 9.93$) more than low self-monitors ($M = 8.13$).

Assimilation

The ANOVA revealed a significant main effect of HIF stage, $F(1, 220) = 110.50, p = .01$. Consistent with the main effect found in Study 3, acceptance participants used the assimilation strategy ($M = .59$) more than synthesis participants ($M = -.53$). There was also a main effect of self-monitoring, $F(1, 220) = 10.62, p = .01$. As

predicted, high self-monitors used the assimilation strategy ($M = .18$) more than low self-monitors ($M = -.17$).

Individualization

The ANOVA revealed no significant effects of perceived power or self-monitoring on the individualization strategy, $ps > .09$. However, in contrast to Study 3, I found a significant main effect of HIF stage, $F(1, 220) = 9.15, p = .01$. Individualization was used much more by acceptance participants ($M = 23.68$) than by synthesis participants ($M = 21.80$).

Realistic Competition

There were no effects of HIF stage, perceived power, or self-monitoring on the realistic competition strategy, $ps > .08$. This replicated Study 3, in which there was also no main effect of HIF stage.

Social Competition

The ANOVA revealed a main effect of HIF stage on the social competition strategy, $F(1, 220) = 5.50, p = .02$. Contrary to our predictions, social competition was used more by acceptance participants ($M = 12.59$) than by synthesis participants ($M = 10.77$).

There was also a main effect of self-monitoring on the social competition strategy, $F(1, 220) = 9.01, p = .01$. Contrary to our predictions, social competition was used more by high self-monitors ($M = 12.66$) than by low self-monitors ($M = 10.69$).

Re-evaluate Comparison Dimension

The ANOVA revealed a main effect of HIF stage on the re-evaluation of comparison dimension strategy, $F(1, 220) = 17.27, p = .01$. As predicted, synthesis participants ($M = 17.47$) used this strategy to a greater extent than acceptance participants ($M = 14.84$). This was similar to the three-way interaction found in Study 3, where re-evaluation of the comparison dimension was a strategy employed by synthesis participants under low status, low permeability conditions. There were no effects of perceived power or self-monitoring, $ps > .38$.

New Comparison Dimension

No significant effects of HIF stage, perceived power or self-monitoring were found for the new comparison dimension strategy, $ps > .06$. This replicated the findings of Study 3, in which I found a significant main effect of permeability but not of HIF stage.

Temporal Comparison

The ANOVA revealed a main effect of HIF stage on the temporal comparison strategy, $F(1, 220) = 11.68, p = .01$. Temporal comparison was used more by synthesis participants ($M = 23.10$) than acceptance participants ($M = 21.24$). In Study 3, I found a two-way interaction of permeability and status on the temporal comparison strategy, but no main effect of HIF stage. While the finding of the current study regarding the effects of HIF stage was not found in Study 3, it is consistent with my overall hypothesis that synthesis participants would use collective identity management strategies more than acceptance participants. The current study revealed no effects of perceived power or self-monitoring, $ps > .49$.

New Comparison Group

No effects of HIF stage, perceived power, or self-monitoring were found for the new comparison group strategy, $ps > .31$. In contrast, Study 3 had demonstrated a three-way interaction of HIF stage, permeability and status on the new comparison group strategy.

Superordinate Recategorization

In contrast to Study 3, the ANOVA found a main effect of HIF stage, $F(1, 220) = 12.61, p = .01$. Contrary to predictions, acceptance participants ($M = 22.43$) used the superordinate recategorization strategy more than synthesis participants ($M = 20.45$). There were no effects of perceived power or self-monitoring on use of the superordinate reclassification strategy, $ps > .38$.

Subordinate Recategorization

No effects of HIF stage, perceived power, or self-monitoring were found for the new comparison group strategy, $ps > .20$. This was a similar finding to that obtained in Study 3, which found no effects of HIF stage, permeability or status.

Comparison with Standard

The ANOVA revealed no significant effects of HIF stage, perceived power, or self-monitoring on the comparison with standard identity management strategy, $ps > .38$. This was a similar finding to that obtained in Study 3, which found no effects of HIF stage, permeability or status.

Correlation Analysis: Identity Management Strategies and Psychosocial Well-Being

I conducted a two-tailed correlation analysis between the twelve identity management strategies and each of the dependent variables relating to psychosocial well-being, including the overall psychosocial well-being score. Table D.2 summarises the results of this analysis.

As shown in Table D.2, certain strategies seemed to consistently correlate negatively with psychosocial well-being. In particular, the individual mobility strategy correlated negatively with measure of self-esteem, happiness, satisfaction with life, and positive affect; and positively with measures of loneliness. A similar pattern was observed for the assimilation strategy, which again correlated negatively with most measures of psychosocial well-being. These correlations indicate that, the more participants used these individualistic identity management strategies, the poorer their psychosocial well-being.

Certain other identity management strategies demonstrated interesting patterns of correlations. Social competition correlated negatively with self-esteem, and positively with negative affect, family loneliness, friendship loneliness, and total loneliness. In contrast, realistic competition showed no significant correlations apart from a negative relationship with romantic loneliness. A similar pattern was observed for the re-evaluation of comparison dimension strategy, which showed a positive correlation with satisfaction with life, and a negative relationship with romantic loneliness.

Table D.2

Correlations between Psychosocial Well-Being and Identity Management Strategies

| Well-Being DV | Identity Management Strategy | | | | | | | | | | | |
|---------------------|------------------------------|--------|-------|-------|------|--------|--------|--------|--------|--------|--------|--------|
| | I.M. | A. | S.C. | R.C. | I. | R.C.D. | N.C.D. | Sup.R. | Sub.R. | N.C.G. | T.C. | C.W.S. |
| Single Item S-E | -.17* | -.13 | .04 | .04 | -.05 | .11 | .00 | .02 | -.02 | -.09 | .06 | -.01 |
| S-E Scale Total | -.32** | -.31** | -.14* | .02 | -.06 | .09 | .04 | -.00 | -.15* | -.15* | .21** | -.08 |
| SWLS | -.27** | -.20** | -.07 | .09 | -.06 | .16** | .02 | .09 | -.03 | -.10 | .10 | .08 |
| DHS Total | -.28** | -.26** | -.12 | -.03 | -.03 | -.05 | -.09 | .04 | -.14* | -.19** | .15* | -.08 |
| ARS | -.33** | -.33** | .11 | -.01 | -.00 | -.00 | -.04 | .10 | -.14* | .10 | .17** | -.04 |
| Family Loneliness | .14* | .17* | .19** | .11 | .06 | .03 | .03 | -.04 | .14* | .09 | -.19** | -.02 |
| Friends Loneliness | .27** | .37** | .14* | -.07 | .08 | -.08 | -.09 | -.00 | -.01 | .12 | -.22** | -.02 |
| Romantic Loneliness | .21** | .17* | .02 | -.16* | .05 | -.13* | -.08 | -.01 | .02 | .01 | -.09 | -.00 |
| Total Loneliness | .28** | .30** | .15* | -.06 | .08 | -.09 | -.06 | -.02 | .07 | .09 | -.21** | -.02 |
| Total Well-being | -.37** | -.34** | -.13 | .05 | -.07 | .08 | .02 | .06 | -.11 | -.15* | .34 | .20 |

Note. I.M. = Individual Mobility; A. = Assimilation; S.C. = Social Competition; R.C. = Realistic Competition; I. = Individualization; R.C.D. = Re-evaluation of Classification Dimension; N.C.D. = New Classification Dimension; Sup.R. = Superordinate Recategorization; Sub.R. = Subordinate Recategorization; N.C.G. = New Comparison Group; T.C. = Temporal Comparison; C.W.S. = Comparison with Standard. * $p < .05$. ** $p < .01$

The subordinate recategorization strategy was associated with lower self-esteem and reduced happiness, as well as more negative affect and family loneliness. This pattern of correlations was similar to the new comparison group strategy, which also showed negative correlations with self-esteem and happiness.

The strategy that appeared to be most beneficial for psychosocial well-being was the temporal comparison strategy, which showed positive relationships with self-esteem and happiness, and negative correlations with negative affect, family loneliness, friendship loneliness, and total loneliness.

Summary

In summary, main effects of HIF stage were found for both individual mobility and assimilation. These strategies were used more by acceptance participants than synthesis participants. This replicated the findings of Study 3. In addition, main effects of self-monitoring were found, such that high self-monitors used the individual mobility and assimilation strategies more than low self-monitors, but this effect was restricted to acceptance participants. Assimilation also tended to be used less under high perceived power conditions than under low perceived power or control conditions. Finally, individualization was used by acceptance participants to a greater extent than by synthesis participants. These findings suggest that self-monitoring influences the use of such strategies, but only for those in the acceptance stage of HIF.

Psychosocial Well-Being and Identity Management Strategies

The correlation analysis revealed several important relationships between psychosocial well-being and use of particular identity management strategies. For

example, individual mobility strategy displayed strong negative correlations with psychosocial well-being, and positive correlations with negative affect and loneliness. Similarly, assimilation correlated negatively with most measures of psychosocial well-being. The current analysis is unable to answer the question of causality. It is possible that people with low levels of psychosocial well-being are drawn to the individual identity management strategies, thus accounting for the pattern of correlations. Alternatively, it could be that the use of the individual strategies interfere with social belongingness thus adversely affecting well-being.

The strategy most positively correlated with psychosocial well-being was the temporal comparison strategy, which showed positive relationships with self-esteem and happiness, and negative correlations with negative affect, family loneliness, friendship loneliness, and total loneliness. This strategy involves comparing the current situation of the in-group with the position of the in-group in the past. It could be argued that the gay social group has made significant gains in social power and status over the past fifty years. These have included homosexuality being removed from the Diagnostic and Statistical Manual of Mental Disorders as a mental illness (King, 2003), greater legal recognition of same sex relationships (Chauncey, 2004; Wilkinson & Kitzinger, 2005), increased acceptance of homosexuality within heterosexual society (Brewer, 2003; Wilkinson & Kitzinger, 2005), and legal protection from discrimination on the basis of sexual orientation (e.g., Bonelli & Simmons, 2004). Obviously, these social changes are ongoing, but they do lend the temporal comparison strategy face validity as a means of gauging progress towards addressing social inequity faced by the gay minority.

Another possible reason for the positive relationship between use of temporal comparison and well-being is that, of all the collective strategies, temporal comparison is the only one which does not involve direct comparison against (or competition with)

another social group. Temporal comparison involves comparison of the group's current position against the position held by the group at a previous time. However, the other collective strategies involve competition against the heterosexual group (e.g., social competition), division of the in-group into subgroups and then comparing against one of these subgroups (e.g. subordinate recategorisation), or comparison against an alternative outgroup (e.g. new comparison group). Perhaps these divisions and conflicts impact on the well-being of group members using these strategies.

In contrast to the social competition strategy, realistic competition showed no correlations apart from a negative relationship with romantic loneliness. This could suggest that once an individual is involved in use of realistic competition, he is more involved in the gay culture and therefore more likely to have opportunities for a romantic relationship. Similarly, individuals who use the re-evaluation of comparison dimension strategy reinterpret their group membership characteristics in a positive manner, and this strategy demonstrated a positive correlation with satisfaction with life, and a negative relationship with romantic loneliness. The similar feature of these identity management strategies is their emphasis on social connectedness within the gay in-group. Further research could investigate whether the use of strategies emphasising social connectedness are better predictors of psychosocial well-being than the strategies emphasising disconnection from the group, or conflict and comparison with other out-groups.