Psychosocial Well-Being and Gay Identity Development

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BA (Psych) (Hons)

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STATEMENT OF ORIGINALITY

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution, and to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University library, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

I hereby certify that the work embodied in this thesis is the result of original research, the greater part of which was completed subsequent to admission to candidature for the degree.

…….

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

Summary *3*

Introduction *4*

Sin, Crime, Sickness and an "Instant Cure": Homosexuality, Psychology, and Western Society *4*
Pre 19th Century Views: Homosexuality as a Sin and a Crime 4
Late 19th and early 20th 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

Sexual Identity and its Development *16*
Personal and Social Identity 16
Theories of Identity Development 17
Gay Identity within Contemporary Western Society 19

Definitions and Language Use within this Thesis *20*
Terminology 20
Use of Masculine Pronouns 20

Overview of the Thesis *21*

CHAPTER TWO: A LITERATURE REVIEW OF GAY IDENTITY DEVELOPMENT AND PSYCHOSOCIAL WELL-BEING 23

Summary *23*

Introduction *24*

A Review of Gay Identity Formation *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

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

Summary *72*

Introduction *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

Method *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

Results *86*
Categorising Participants According to Identity Stage 86
HIF Stage and Psychosocial Well-Being 87
MANOVA Analysis 88
Factor Analysis 89
Qualitative Analysis 92

Discussion *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

Summary *102*

Introduction *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

Method *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

Results *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

Discussion *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

Summary *144*

Introduction *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

Method *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

Results *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

Discussion *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" MEDIATE THE EFFECT OF HIF STAGE ON PSYCHOSOCIAL WELL-BEING 185

Summary *185*

Introduction *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

Method *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

Results *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

Discussion *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

Summary *252*

Introduction *253*

Summary of Results *255*
Study 1 255
Study 2 257
Study 3 259
Study 4 261
Summary 263

Key Contributions to the Literature *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

Strengths and Limitations of the Current Research *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

Future Research Directions *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

Implications of the Research Findings *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

Gay Identity Questionnaire (Brady & Busse, 1994) *351*

Depression-Happiness Scale (McGreal & Joseph, 1993) *353*
Satisfaction with Life Scale (Diener, Emmons, Larsen & Griffin, 1985) *354*
UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980) *355*
Index of Self-Esteem (Hudson, 1982) *356*
Group Identification Scale (Karasawa, 1991) *357*
Collective Self-Esteem Scale (Luhtanen & Crocker, 1992) *358*
Self-Other Closeting Scale *359*
Gay In-Group Identification Scale *360*
Identity Management Strategies Scale (Blanz, Mummendey, Mielke & Klink, 1998) *361*
Self-Monitoring Scale (Snyder & Gangestad, 1986) *363*
Group Power and Status *364*
Rosenberg Self-Esteem Scale (Rosenberg, 1965) *365*
Social and Emotional Loneliness Scale (DiTommaso, Brannen & Best, 2004) *366*
Affect Rating Scale (Lücken & Simon, 2004) *367*
Passive-Active Closeting Scale *368*

APPENDIX B: CREATION OF THE GAY IN-GROUP IDENTIFICATION SCALE 369

APPENDIX C: INDIVIDUAL IDENTITY MANAGEMENT STRATEGY ANALYSES FOR STUDY 3 373

Identity Management Strategies: Multivariate Analyses of Variance *373*
Discussion *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.