

SELF-CONCEPT, RESILIENCY, AND IDENTITY FACTORS
AMONG GAY AND LESBIAN INDIVIDUALS:
A REVIEW AND CRITIQUE OF
THE LITERATURE

by

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ABSTRACT

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Self-Concept, Resiliency, and Identity Factors Among Gay and Lesbian
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Individuals: A Review and Critique of the Literature

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Research on gay and lesbian youths is limited and developmental studies are rare. Currently, there is a limited amount of literature that focuses on the different paths of development which gay and lesbian individuals follow. To add to the complication of the developmental tasks as adolescents, gay and lesbian youth face even more confusion and difficulty because of a lack of social support from people in their community, peers, and

family. Considering the fact that many gay and lesbian people experience some form of violence, discrimination, rejection, isolation, or harassment, it is important to know what factors contribute to the ability of gay and lesbian people to cope in times of stress.

A review of literature shows that the development of gay and lesbian youths does not necessarily lead to self-destructive behavior when resilience factors are involved. It is also shown in the literature that having a positive attitude about the self as a gay person is critical for having a positive attitude toward self in general. The purpose of this study was to conduct an extensive research of the literature describing the factors that assist with gay and lesbian resiliency. Issues of self-concept and identity development were critiqued and conclusions from the research were drawn.

Through the analysis of the literature, it was found that there are tremendous implications for mental health and school counselors. Counselors can be an excellent source of help for gay and lesbian individuals, but there are generally not enough sufficiently trained counselors to deal with adolescents and self-concept, identity, and resilient aspects of their lives. Comprehensive counseling training programs should incorporate grief, abandonment, shame, and loss issues.

Future research is needed to examine the importance of self-esteem and how this research can assist in designing interventions to enhance self-esteem. Further investigation is also needed in relation to self-concept among gay and lesbian individuals. There is a need for studies of resilience to examine the ways in which combinations of

factors may act to influence resilience. Finally, the role of siblings in the coming out process should be explored.

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Chapter I

Introduction

It has become increasingly well documented that risk factors for adolescents related to childhood and families have an accumulative role in determining risk, but less recognized that not all children raised in adverse circumstances experience mental health or adjustment problems. “There has been a large amount of research into the social and familial correlates of childhood and adolescent problems and notably conduct problems, juvenile offending and substance abuse. There is growing and clear evidence to suggest that what identifies high risk children and families is an accumulation of difficulties and adversities which may include poverty and economic difficulties, parental deviance or mental illness, impaired parenting and child rearing practices, abuse, family conflict and family change” (Fergusson & Lynskey, 1996, p.281).

However, “research on gay youths is limited and developmental studies are rare. Theories of adolescent development ignore the existence of gay youths or depict them and their behavior as deviant. Their strengths tend to be ignored and one self-destructive developmental pathway is applied to all. Most literature on gay youths is problem-focused emphasizing the potential for dysfunction of the most vulnerable members within this population” (Anderson, 1998, p.55).

The present literature does not acknowledge that there are a variety of developmental pathways that gay and lesbian youths follow. There is a misrepresentation and distortion

of these people. According to Anderson (1998), this lack of accurate data plays a part in the “inadequate provision of services for gay young people in child welfare, mental health, health care, education, and juvenile justice” (p.55).

A major turning point in life for all young people is dealing with the developmental tasks of adolescence. To make this challenging event even more difficult, complicated, and confusing, gay youths do not receive the same level of social support from people in their community, peers, and family. This may be taken for granted by heterosexual adolescents. “Viewed as a threat to family and to the heterosexual identity of non-gay/lesbian peers, they are frequently abandoned and reacted to critically and often with open hostility. This creates a life crisis for gay young people different from that faced by non-gay youths” (Anderson, 1998, p. 56).

Cass (1985) identifies six stages of developmental changes that occur among gay and lesbian individuals. There are cognitive, behavioral, and affective dimensions that describe the stages of homosexual identity formation. These stages include: 1. Identity Confusion; 2. Identity Comparison; 3. Identity Tolerance; 4. Identity Acceptance; 5. Identity Pride; and 6. Identity Synthesis. These stages will be described in the review of literature.

Gay and lesbian people face severe discrimination, and violence and harassment are frequent. Many adolescents who are becoming aware of homosexual feelings tend to find little or no support from peers, family, and society. Societal recognition of gay and lesbian relationships is nominal. Extreme social isolation and rejection is often

experienced. “These factors render gay adolescents vulnerable to depression, internalized homophobia, violence, dropping out of school, homelessness, prostitution, substance abuse, and suicide” (Radkowsky & Siegel, 1997, p. 200).

Considering the fact that many gay and lesbian people experience some form of violence, discrimination, rejection, isolation, or harassment, it is important to know what factors contribute to the ability of gay and lesbian people to cope in times of stress. It is important to know what the strengths are for gay and lesbian people because not only do they have to confront the developmental tasks of adolescence, but also stresses that are related to a gay or lesbian identity.

Most gay identity theorists believe that having a positive attitude about the self as a gay person is critical for having a positive attitude toward the self in general. According to Radkowsky & Siegel (1997), the fact that “many gay adolescents do eventually emerge with a positive identity suggests that they are able to develop a strong sense of crisis competence” (p. 212). These notions of positive attitude about the self and crisis competence relate to the concept of resiliency.

Over the past fifty years, research has revealed that parenting styles have a strong impact on child and adolescent development (Parish & McCluskey, 1992). The amount of love and acceptance that parents provide has been found to be related to their children’s self-concept and self-esteem. Recently, researchers have begun to expand their investigation of the influences of family on gay and lesbian youth (Beatty, 1999). Savin-Williams (1989) found that lesbian individuals feel most comfortable with their

sexual orientation when both parents accept their homosexuality. However, the mother's acceptance was found to be more important as compared with the father's acceptance.

Cass (1984) asserts that "self images are the cognitive components making up a person's overall self-concept" (p. 144). This includes the "internal pictures" which a person relates to some component of self. For example, a gay or lesbian self-image refers to an internal picture relating to sexual preference. The self-image is recognized by each person in his or her own way and it is given meaning by that individual.

It is also believed that the coming-out process is the result of gay self-identification. There is variation in the organization of the identity structure among gay individuals. Multiple identities are experienced among gay people, including a sexual one. Different situations require different role behaviors (Vincke, DeRycke, & Bolton, 1999). Salience is a basic organizing principle of having multiple identities (Hoelter, 1985).

Weinberg and Williams (1974) demonstrated that keeping one's sexual orientation a secret was related to feelings of depression and awkwardness in interpersonal relationships, along with shame and anxiety. They found that the factors facilitating good adjustment included rejecting the illness model of homosexuality, having close and supportive associations with other gay men and lesbians, and rejecting the notion that sexual orientation may be changed.

Mills (1995) states that resilient people tend to exhibit a positive outlook, a feeling of being in control of their lives, the ability to defer gratification to achieve long-term goals, the ability to use critical thinking and planning skills, and a sense of humor and good

social skills. Higgins (1994) maintains that in broad terms, “resilience is the ability to function psychologically at a level far greater than expected given a person’s earlier developmental experiences. Subjects are able to negotiate significant challenges to development yet consistently “snap back” in order to complete the important developmental tasks that confront them as they grow” (pp. 1, 17).

Higgins (1994) found that resilient people “tend to negotiate an abundance of emotionally hazardous experiences proactively rather than reactively, thus solving problems flexibly; they make positive meanings out of their experiences, actively constructing a positive vision despite emotional disappointments, and they demonstrate a strong capacity to form and then nurture a vision of an interpersonal world that is more satisfying than one from which they emerged” (p. 20).

A review of the literature shows that the development of gay youths does not necessarily lead to self-destructive behavior when resiliency factors are involved. Studies have also shown that having a positive attitude about the self as a gay person is critical for having a positive attitude toward the self in general.

Purpose of the Study

The purpose of this study is to conduct an extensive research of the literature describing the factors that assist with gay and lesbian resiliency. Issues of self-concept and identity development will also be critiqued and conclusions from the literature will be drawn. The areas that will be focused on include:

1. Self-concept and how it is related to gay and lesbian individuals.
2. Stages of identity development among gay and lesbian individuals.
3. Methods of coping and resiliency factors concerning gay and lesbian individuals.

Chapter II

Review of Literature

This chapter reviews the literature on self-concept and how it is related to self-perceptions and self-esteem; identity; resiliency, and the factors associated with it; and, the stressors, coping strategies, self-concept, and resiliency related to gay and lesbian individuals.

Self-Concept

Self-concept is said to reflect an individual's comprehensive sense of self and is a stable or generalized sense of self (Leonard, Beauvais, & Scholl, 1999). Aspects of the self add to self-esteem in accordance with the importance of that aspect (Kling, Ryff, & Essex, 1997). People have perceptions of three attributes: traits, competencies, and values. Traits are the repeated behavioral patterns of ourselves and others (i.e., lazy or dependable). Competencies are individuals' perceptions of what skills, abilities, talents, and knowledge they possess. Values are "concepts and beliefs about desirable end states or behaviors that transcend specific situations, guide selection, or evaluation of behavior and events, and are ordered by relative importance" (Leonard, et al., 1999, p. 975).

Samuels (1977) states that the important dimensions of self-concept are body self (or body image), cognitive self, social self, and self-esteem. Body image includes that physical and sexual self and plays a major role in psychological growth. "The internalized mental image we have of ourselves in our minds may or may not closely

resemble our actual body structure” (p.24). If the cognitive construction of self (reality) conflicts with the “somatic perception of self, integration of the total self becomes difficult” (p.24). It is task of normal development for this integration to occur. The social self includes the racial, ethnic, cultural, and religious self. “Cognition is a process by which individuals become aware of and gain meaning from an object or events in their environment” (p. 28).

According to Leonard et al. (1999), an individual’s concept of self is made up of three interrelated sets of self-perceptions: the perceived self, the ideal self, and a set of social identities. The perceived self consists of the perceptions that people hold about their actual traits, competencies, and values. This involves where individuals see themselves related to their ideal selves. The strength of the perception is also taken into consideration. People with a strong perception of self are rather firm in their perceptions of an attribute level. People with a weak perception of self are rather unsure of an attribute level.

“The self-fulfilling prophecy is based on the assumption that children will behave as others expect them to behave. Since behavior reflects self-feelings, the self-fulfilling prophecy is a description of how our self-concept is affected by significant others; that is, we see ourselves and act as others treat us and expect us to act” (Samuels, 1977, p. 96).

The ideal self is made up of the traits, competencies, and values an individual would like to possess (Rogers, cited in Leonard et al., 1999). The person believes that he has a certain trait, competency, or value, or wants others to believe this. Social identities are

the components of a person's self-concept that originate from the social categories (i.e., doctor or musician) to which they perceive themselves as belonging (Leonard et al., 1999, Grossman & Kerner, 1998).

Leonard et al. (1999) also claim that there are two major types of self-concept based motivation: external and internal sources. Self-concept motivation is externally based when the individual is primarily other-directed. The ideal self is derived by adopting the role expectations of reference groups. The individual attempts to meet the expectations of others by behaving in ways that will elicit social feedback consistent with self-perceptions. The individual behaves in ways that satisfy reference group members, first to gain acceptance and then to gain status.

Self-concept motivation will be internally based when the individual is primarily inner-directed. The individual sets internal standards that become the basis for the ideal self. The person attempts to first reinforce perceptions of competency and later achieve higher levels of competency. It is important to these people that their efforts are necessary in achieving outcomes and that their ideas and actions are helpful in performing a job well. It is not important that others provide reinforcing feedback. Individuals experience both internally- and externally-based self-concept to varying degrees (Leonard et al., 1999).

Self-perceptions are formed through the processes of attitude formation, attitude change, and self-attribution. Interaction with one's environment presents feedback which is related to one's traits, competencies, and values. A strongly held self-perception is

formed when feedback is clear, abundant, and consistent. Weakly held self-perceptions are formed when feedback is lacking or inconsistent (Leonard et al., 1999).

Children who discount the importance of aspects of the self in which they are less competent are more likely to report high levels of self-worth (Kling et al., 1997). According to a study done by O’Dea and Abraham (1999), male and female adolescents are similar in their rankings of the importance of different characteristics of self-concept. They considered having close relationships, doing well at school and work, and being romantically appealing as relating most to how they feel about themselves. “Male students in general have greater self-esteem than do female students. However, females were found to have higher self-concept regarding the ability to form close relationships” (p. 77). It was also found in this study that “self-concept was highest in postpubertal males and lowest in postmenarcheal females. Thus, puberty may have opposite effects on the self-esteem of male and female students” (p. 78).

Resiliency

Resiliency is the process of bouncing back from adversity. It encompasses the psychological damage and the enduring strength that can result from struggling with hardship. These strengths include resiliencies such as: insight, independence, relationships, initiative, creativity, humor, and morality. For each of the resiliencies there are three developmental phases: child, adolescent, and adult. In children, resiliencies appear as unformed and not associated with a goal. In adolescents, these behaviors

sharpen and become deliberate. In adults, they expand and have more depth and become a continuing part of the self (Project Resilience, version current November 11, 1999).

Some children cope well with highly adverse childhood experiences both as children and later as adults. These children have been referred to as invulnerable, invincible, and resilient. “Responses to stress are influenced by appraisal of the situation and by a person’s capacity to process the experience, attach meaning to it, and to incorporate the experience into his belief system. Resilient individuals are those who learn to cope with stress better” (Jew & Green, 1998, p. 675).

Several studies indicate that resilient young people appear to be characterized by higher intelligence or problem solving skills than their peers who are not considered as resilient (Herrenkohl et al., 1994, Kandel et al., 1988, Masten et al., 1988, Seifer et al., 1992, Werner, 1989, cited in Fergusson & Lynskey, 1996). Another factor that may increase resiliency in children is the nature of parent/child relationships. The presence of warm, nurturant or supportive relationships with at least one parent may protect against the effects of family adversity. There has also been evidence to suggest that early temperament and behavior may be related to resiliency to adversity. Another source may be peer relations, which may provide the support that eases the effects of hardships (Fergusson & Lynskey, 1996).

Some researchers suggest that the first ten years of a child's life are most favorable for developing strong coping skills, but there is no set timeline for finding strength and resiliency. People who cope well with adversity are able to ask for help from others if

they do not have a strong family support system. Setting goals and planning for the future is also a strong factor in dealing with adversity. Believing in oneself and recognizing one's strengths is important; you give yourself value and surround yourself with things that help you stabilize. Finally, it is essential to actually recognize one's own strengths (Blum, 1998).

Murphy and Moriarty (1976, cited in Anthony & Cohler, 1987) conducted a study in which they found children to be “good copers.” They were responsive in a variety of ways including good feelings about themselves; good insights into interpersonal situations; realistic evaluations of the human and nonhuman environment; flexibility “with regard to means and ends,” integration in their thinking, feeling, and acting; and marked intuition, originality, and creativity (p.16).

It should be noted that these children orient themselves rapidly to situations; they perceive logically, they communicate without inhibition; they can allow others to get close to them and reciprocate in a warm and friendly manner; and that they looked upon themselves and what they did positively. Their capacity to tolerate frustration, to handle anxiety, and to ask for help when they needed it set them apart from the more vulnerable children who coped poorly in all of these areas (Anthony & Cohler, 1987).

In a study conducted by Fergusson & Lynskey (1996), factors based on the literature on resilient adolescents that are believed to be associated with resilience were included in the analyses. These factors include: intelligence, attention deficit, conduct problems, anxiety/withdrawal, self esteem, novelty seeking, school enjoyment, interest in sports,

close adult relationships, parental bonding, parental attachment, nature of home environment, peer affiliations, and peer attachment.

Some of the results from this study are that resilient adolescents have higher intelligence than their peers, are less prone to early onset attention deficit behaviors, and have high self-esteem. It was also found that resilient adolescents reported significantly higher levels of paternal care and lower levels of maternal protection.

According to Anthony and Cohler (1987), resilience is also a function of age. “Certain coping capacities are important for preparing the groundwork of resilience, especially those related to the management of stimulation from the environment (p. 31). The origin of the difference between vulnerability and resilience may be difficult to predict. Without thorough examination during infancy and early childhood, it is complicated to judge a person’s primary level of vulnerability and resilience independent of experience. It is possible that one child in a family may be more resilient and less vulnerable than a brother or sister.

Resilience involves comprehensive characteristics of the whole child. “Input from the outside to evoke resilience is not confined to physical comfort and restrictive love” (Anthony & Cohler, 1987, p. 95). Children can facilitate resilience in their companions. Depending on the strengths of a child, different resources are activated in a given occasion. “The resilient child is oriented toward the future, is living ahead, with hope” (p. 101).

Resiliency Among Gay & Lesbian Individuals

Peer relationships are often unrewarding for gay adolescents. Many gay adolescents are isolated from their peers because they try to prevent the discovery of their sexual orientation. It is extremely difficult for gay adolescents to find a positive, supportive peer environment because many organizations tend to fear lawsuits, loss of license, or being accused of “promoting” homosexuality (Radkowsky & Siegel, 1997). They are more likely to lose important supportive relationships, including those with parents, when their sexual orientation is disclosed. However, gay youth have shown the ability to use good social skills in seeking out supportive relationships that boost their self-concept (Walker & Greene, cited in Anderson, 1998).

Many gay adolescents also fear rejection from the family if their sexual orientation becomes known because family acceptance is important to them. Parents are not likely to be pleased to learn this about their child given society’s negative attitudes toward homosexuality (Radkowsky & Siegel, 1997). However, a study by Jordan & Deluty (1998) found that “the more widely a woman disclosed her sexual orientation the less anxiety, greater positive affectivity, and greater self-esteem she reported” (p. 55). The self-disclosure may make it more possible to find support systems and thus lower anxiety.

In a study by Anderson (1998), it was discovered that there are both internal and external resources that assist gay male youths in managing a stressful period of psychosocial development which represented protective factors associated with resilience. The young gay men in this study differed from other adolescents’

development in a way that managing their identity and learning how to survive in a hostile social climate became a primary developmental task. They experienced loving, constructive relationships with parents and caring others that prior to adolescence established internal strengths of positive self-esteem. There was indication of the ability to seek out and use available social supports.

The external resources that assisted with managing a stressful period of psychosocial development were a greater than expected support from non-gay friends in adolescence, perceived social support of parents, and the added support of gay, lesbian, and bisexual friends at a crucial point in their development. Expanding cognitive abilities facilitates the management of their gay identity in constructive ways. Not suspecting that their child could be gay, “parents provided the necessary supports to accomplish age-appropriate developmental tasks thus enabling them to enter adolescence with established strengths to cope with their unique life crisis” (Anderson, 1998, p. 67).

Rutter (1985) suggested that by facing the adversity associated with their sexual orientation, gay youths in this study were forced to engage in an introspective process that provided them with a better understanding of themselves, others, and society. They also developed crisis management skills that non-gay youth may not achieve until later in life.

The social support of gay, lesbian, and bisexual friends gained in adolescence was an important factor in their developmental process. The gay youths in Anderson’s (1998) study demonstrated their social skills by seeking out supportive individuals and groups.

The supportive individuals and groups allowed them to risk revealing their sexual orientation to parents and non-gay peers in an attempt to improve these relationships. By taking these risks, many of these adolescents experienced levels of support from parents and non-gay friends that they might not otherwise have known was available.

Savin-Williams (cited in Anderson, 1998) studied gay, lesbian, and bisexual youths in 1990 and found them to possess positive self-esteem overall. Those who perceived their parents to be more accepting of their sexual orientation scored significantly higher on the self-esteem measure than did those who perceived their parents as less accepting.

Anderson (1998) found that gay male youths develop strengths that enable them to successfully cope with the challenges and stresses associated with their overall development. They perceived themselves to be strong and competent individuals who felt good about themselves, had control over their lives, and had not internalized societal homophobia to the point of becoming dysfunctional. They viewed being gay as a source of strength and reframed their sexual orientation in a positive way. They demonstrated adequate cognitive and social skills, which they used to their benefit. They processed issues with friends individually and collectively within social support groups for gay, lesbian, and bisexual youth.

Identity

Perhaps no single theoretician has had a greater impact on our perceptions of identity development than Erik Erikson. He has provided a framework from which to observe the developmental process of identity formation. According to Erikson (1980), "adolescence

becomes the relevant time in the life span to integrate past partial identifications into a cohesive sense of self that is the accrued confidence that one's ability to maintain inner sameness and continuity is matched by the sameness and continuity of one's meaning for others" (p. 94).

Since 1980, identity research has increasingly focused on female identity, resulting in an emerging female pattern which may not follow Erikson's eight-stage model. Lytle, Bakken, and Romig (1997) found that adolescent females appear to be adapting to the need for a broader identity that blends both dimensions of separation and connectedness, whereas adolescent males are not.

Jones (1997) asserts that theories of racial and gender identity development usually have failed to include other identity dimensions. There has been a lack of the existence of multiple dimensions of identity. Jones' study involved women college students and several aspects of identity relating to these women emerged. First of all, the women shared a sense that their identities consisted of multiple layers. "Identity was experienced as evolving in an ongoing negotiation between the outside and inside worlds" (pp. 380-381).

Gender was an identity dimension with which these women related. The description of what being female meant to them was connected with other dimensions (i.e., Black woman, Jewish woman, lesbian). Identities were shaped by the various environments in which gender was experienced. Many discussed the process of coming to define themselves as individuals distinct from their parents and families without disregarding

the valued learned from them. They spoke of their uniqueness, distinctiveness, and commonality with others.

The women shared a belief in the value of developing connections and relationships with people different from themselves. "These women testified to the process of searching for identity and the complexities of this process. The language of identity embraced by these women was one of movement, process, fluidity, searching, and ongoing discovery" (p. 383). Multiple dimensions of who they were and who they were to become were honored, reflected upon, and integrated into the self.

Gay and Lesbian Identity Development

It is presumed that most young people are raised to believe that they are not homosexual and are aware of society's negative view towards homosexuality. Therefore, young people who may identify as gay/lesbian in the future are likely to experiment with other-sex partners and to strive for a bisexual identity (Rosario, Meyer-Bahlburg, Hunter, Exner, Gwadz, & Keller, 1996). In the study conducted by Rosario et al. (1996), it was found that "two thirds of youths (62%) who now identify as lesbian/gay had identified as bisexual in the past" (p. 123). The opposite was also found to be true. Sixty percent of those who now identify as bisexual had identified as gay or lesbian in the past. The reasoning behind this suggests that because of the great stigma associated with homosexuality, adolescents may find it too overwhelming to deal with and may try to have the connection to heterosexuality.

Savin-Williams (cited in Rosario et al., 1996) found that there are no significant relationships among sexual identity, age of awareness of sexual orientation, and age at initiation of sexual activity among gay and bisexual young men in college. In contrast to previous research, the study by Rosario et al. (1996) found that male and female adolescents did not differ in the numbers who had ever had sexual activity with same-sex partners nor did they differ in the ages when they first experienced this.

The result of the coming-out process is said to be self-identification. There are different models that describe the coming out process along with different stages. The results of a study by Vincke, DeRycke, and Bolton (1999) confirmed previous research findings in which depression resulted in low identity commitment. It seems that gay men cope with lower levels of mental well-being following gay-related stress by lowering the commitment to their being gay. "If lowered identity commitment results from the negative impact of identity-related stresses on depression, then it becomes difficult for identity commitment buffer these stresses adequately" (p. 1328).

Bahr (cited in Meyer & Schwitzer, 1999) found that resolving sexual orientation issues took precedence over other developmental tasks for college students who were in the process of developing a gay or lesbian identity. Meyer and Schwitzer (1999) conducted a study in which they came up with a descriptive model that they constructed from their data. This model contains six stages that tend to make up a student's sexual identity development for those who do not identify with a heterosexual orientation. They found these six stages to be: 1.) Recognizing a Difference, 2.) Reflective Observing, 3.)

Internalizing Reflective Observations, 4.) Self-Identifying, 5.) Coming into Proximity, and 6.) Networking and Connecting (p. 49).

In the first stage of recognizing a difference, the person may question the nature of the perceived differences from peers. There may be a growing feeling of separation from one's peer group including feelings of anxiety, uneasiness, and confusion. Reflective observing, stage two, includes such traits as noticing characteristics in others that are of a gay or lesbian sexual orientation, observing others' beliefs and attitudes about a homosexual orientation, and observing how this orientation is portrayed by the media.

The third stage of identity development among gay and lesbian sexual orientation college students is internalizing reflective observations. This entails "making intrapersonal observations with goal of fitting observations about others with experience of self and developing growing recognition that difference from others is in area of sexual identity" (p. 49). Self-identifying, the fourth stage, consists of a more definite notice of difference in sexual identity and a more definite identification with a minority sexual orientation.

During the fifth stage, coming into proximity, there is an increase in closeness of similar peers. There may be intentional formations of friendships with peers of similar sexual orientation and an active seeking of sources of support. The final stage is networking and connecting which involves developing broader friendships and being more involved in social, political, or support groups. There is also a seeking of balance

between establishing new relationships and maintaining ongoing relationships of family, peers, and community.

Meyer (1998, cited in Meyer & Schwitzer, 1999) found that the first two stages were associated with increased anxiety and confusion. Identity development focused on the recognition of the differences between self and others. "In the middle two stages, identity development tended to center on internalizing and understanding one's own sexual orientation and its impact on one's self-concept. Meyer found that there is an association with increased self-consciousness as well as increased resolution and comfort with self" (p.56). In the last two stages, identity development tended to center on "integrating one's sexual orientation into a more consolidated self-concept" (p. 56).

The study by Meyer and Schwitzer (1999) confirmed many of the features of this minority sexual identity stage-developmental model. First it was found that all of the participants identified an age at which they noticed a difference in sexual orientation from peers; recognized others believed to be of a gay or lesbian orientation; began internalizing observations of others; began intentionally developing social relationships with those who identify as gay or lesbian; and, began developing social contacts in the community. It was also found that most moved through the stages in chronological order, but there was a wide variation in the age in which they entered a new stage and the amount of time spent in the stages.

According to Cass (1984), self-images become the basic unit upon which identity is built. "A composite identity is a person's theory held about self with regard to social

situations, and derives out of interaction with others” (p. 144). A composite identity may include typological identities. These are organized sets of self-images and attached feelings that an individual holds about the self with regard to some social category or type. “These typological identities arise out of the synthesis of the individual’s own perceptions of self with the individual’s own views of how others are believed to perceive this aspect of self” (p. 144).

Homosexual identity is an example of a typological identity. One’s view of the self as gay or lesbian is processed cognitively with images of sexual preference believed to be held by others. Where both types of images are in agreement, identity may be said to exist (Cass, 1984).

The following is a summary of the ideal stage descriptions indicating the broad developmental changes that Cass believes occurs across stages and the variables that take on significant importance in this process: identity confusion; identity comparison; identity tolerance; identity acceptance; identity pride; and, identity synthesis.

During the first stage, identity confusion, individuals sense that their behavior (actions, feeling, thoughts) may be defined as homosexual. This may bring out feelings of confusion and the individual may choose to take different paths of development. The individual may consider the possibility of a homosexual identity (accepting this as positive or negative) or reject it entirely, thus the individual may choose to not to proceed any further in the development of a homosexual identity, which is defined as identity foreclosure. Keep in mind that identity foreclosure can happen at any stage.

During stage two, identity comparison, the individual has accepted the potentiality of a homosexual identity. There may be feelings of alienation because the differences between the individual and others who are not gay or lesbian become clearer. If identity foreclosure does not occur, the individual may consider getting in contact with other gay and lesbian individuals to assist in lessening the alienation felt at this stage.

In stage three, identity tolerance, there is an increase of commitment to a homosexual self-image. The individual looks for the companionship of other gay and/or lesbian individuals in order to fulfill social, emotional, and sexual needs. There are two possible paths of development. The first path is taken by those who perceive a gay or lesbian identity as desirable and the other by those who do not. Disclosure to heterosexuals at this point is extremely limited.

Stage four is identity acceptance. There is an increased contact with the subculture of gay and lesbian individuals which facilitates a more positive view of homosexuality and a gradual development and expansion of a network of gay and lesbian friends. Selective disclosure is made to others, particularly friends and relatives. This stage may be a stable time for the individual because the questions of "Who am I?" and "Where do I belong?" have been resolved.

During stage five, identity pride, there are feelings of pride towards one's identity as gay or lesbian and a strong loyalty to gay and lesbian people as a group. Disclosure is a product of anger about society's stigmatization of gay and lesbian individuals. There is

meaningful confrontation with heterosexuals in order to promote the equality of gay and lesbian people.

Finally, in the final stage of identity synthesis, anger and pride associated with the previous stage are retained but in less emotional terms. Individuals come to see themselves as people having many sides to their character, only one part of which is related to homosexuality. A lifestyle is developed in which the homosexual identity is no longer hidden, so that disclosure becomes a non-issue. "One view of self and views of self believed to be held by others are therefore synthesized into one integrated identity that unites both private and public aspects of self. This gives rise to feelings of peace and stability. With this, the process of identity formation is completed" (pp. 152-153).

According to Gonsiorek and Weinrich (1991), the coming out process represents a shift in the person's core sexual identity and may be accompanied by dramatic levels of emotional distress. Generally speaking, the best predictor of an individual's long-term adjustment is his or her level of functioning prior to this process. Most gay and lesbian people endure this and transpire several years later with minimal or no symptomatology and improved functioning.

There appears to be differences between gay men and lesbian women during this process. It appears that for males this process is more abrupt and more likely to be associated with psychiatric symptoms. This process appears to be more fluid for women. "Because women are allowed a broader range of behavioral and emotional interactions

with other women, they may experience emerging sexual and emotional intimacy as mere friendship" (p. 165).

Men tend to be restricted to more narrow patterns of expression and therefore desiring for emotional and physical contact with other males is apt to be perceived as homosexual. "Consistent with traditional sex role socialization, males are more likely to sexualize distress during the coming out process and women are more likely to respond with reflection and self-absorption" (p. 165).

Jordan and Deluty (1998) found that the more widely a woman disclosed her sexual orientation the less anxiety, greater positive affectivity, and greater self-esteem she reported. Disclosure may enhance self-esteem and decrease anxiety by eliminating the need for disguising an important part of one's life. This may also assist the individual in locating support systems, which may also lead to lower anxiety. "The degree of disclosure to family, gay and lesbian friends, straight friends, and co-workers was significantly related to overall level of social support" (p. 57). "Being out" to friends was the best predictor of overall social support.

Manodori (1998) examined the ways in which rituals help affirm lesbian identity. Two types of rituals were investigated that are commonly used among lesbian women. They are commitment ceremonies and baby naming or child dedication ceremonies. Lesbian rituals can help lesbians reconnect with their true or genuine selves by providing opportunities for them to re-tell their stories in a positive light (Laird, 1994, cited in Manodori, 1998). They call for the support of family, friends, and community, and they

validate the existence of a different way of life. Most of all they affirm a relationship which society has attempted to erase time and time again (Butler, 1990, cited in Manodori, 1998).

All of the participants in Manodori's (1998) study claimed that in one way or another, their ritual helped them to confront homophobia. Some of them also felt that the ritual helped to confront other people's homophobic perceptions. Others felt that the ritual helped them reclaim something that had been denied to them because of their sexual orientation. And yet others felt that this encouraged them to be more visible and genuine in the world, which re-integrated previously split off aspects of the self. "Lesbian rituals can help balance the experiences of living with very real restrictions imposed on lesbians by a prejudiced society and the ideals of being able to participate in the same rituals which heterosexual people participate" (p. 53).

This chapter reviewed the literature relating to self-concept, resiliency, and identity development pertaining to gay and lesbian individuals. In chapter three, this material will be analyzed and conclusions drawn regarding the importance of these concepts. There will also be implications for counselors in the mental health field, recommendations will be made, and the necessity for future research will be addressed.

Chapter III

Critique and Critical Analysis

From the review of literature, there are several important aspects about the self-concept, identity, and resiliency among gay and lesbian individuals that need to be highlighted and analyzed. First of all, the stigmatization of homosexuality can make it difficult for gay and lesbian youth to achieve the tasks of adolescence. Peer acceptance, exploration of intimate relationships, individuation, and formation of a positive identity can be hindered because these youth are generally taught to despise a very important part of themselves. It can be very difficult for gay and lesbian adolescents to find a positive, supportive peer environment.

Many gay and lesbian adolescents fear rejection from the family if their sexual orientation becomes known because family acceptance is important to them. Parents are not likely to be pleased to learn this about their child given society's negative attitudes toward homosexuality. Counselors need to be aware and fully prepared to deal with issues of abandonment and feelings of loss, and with this loss comes grief.

There has been a vast amount of research done on identity development by Cass. She describes the stages of development changes and the important variables in this process among gay and lesbian individuals. These stages include: identity confusion; identity comparison; identity tolerance; identity acceptance; identity pride; and, identity synthesis. It would be helpful for counselors to be aware of these stages to assist in "meeting them

where they are at.” This could be a positive means to facilitate the therapeutic process. It could be used to help the client understand and/or make more sense of where he/she is at.

The literature also points out that gay and lesbian youth have shown the ability to use good social skills in seeking out supportive relationships that boost their self-concept. Resilient individuals are those who learn to cope with stress better. The literature indicates that resilient young people appear to be characterized by higher intelligence or problem solving skills than their peers who are not considered as resilient.

It is important to be aware that another factor that may increase resiliency is the nature of parent/child relationships. Also, people who cope well with adversity are able to ask for help from others if they do not have a strong family support system. Yet another source may be peer relations, which may provide the support that eases the effects of hardships.

Setting goals and planning for the future are strong factors in dealing with adversity. Counselors can help in the process of recognizing one’s strengths and to give value to the individual. In some cases, self-disclosure makes it more possible to find support systems and thus lower anxiety. Disclosure may enhance self-esteem and decrease anxiety by eliminating the need for disguising an important part of one’s life. This may also assist the individual in locating support systems, which may also lead to lower anxiety.

Through the analysis of the literature, it was found that there are tremendous implications for mental health and school counselors. Counselors can be an excellent source of help for gay and lesbian individuals, but generally there are not enough

sufficiently trained counselors to deal with adolescents and self-concept, identity, and resilient aspects of their lives. Additional training is needed not only for counselors, but also for those in educational institutions (i.e., teachers). They need to work together as teams and make themselves available for sources of support and have appropriate resources and referrals accessible.

Comprehensive counseling training programs should incorporate grief, abandonment, shame, and loss issues. It is important for clinicians to approach gay and lesbian youth from a strengths perspective, identifying resources that can be utilized and built upon. Support groups can also be a great source of strength to facilitate this process. Mentors for these adolescents can help them envision what someone looks like who is successful in resiliency and identification. It should also be noted that a spiritual framework can be a great source of strength for enhancing the spiritual sense of self.

Lastly, mental health counselors and school counselors need to recognize and understand the diversity among gay and lesbian individuals and their development. To work with this population successfully, counselors need to examine their beliefs and values about gay and lesbian people, to be comfortable with their own sexuality, and to educate themselves as to what it means to be gay or lesbian. There is the implication for counselors to go through psychotherapy themselves and explore their own values, biases, stereotypes, and beliefs.

Future Research

Future research should examine the importance of self-esteem and how this research can assist in designing interventions to enhance self-esteem. Other strategies for coping with life's problems among those gay and lesbian individuals who have become resilient to the homophobia of society as well as among those who have difficulties in coping should also be further addressed. There was minimal research found relating to self-concept among gay and lesbian individuals. This area also warrants further investigation.

Resilience is likely to be an outcome of several factors. There is a need for studies of resilience to examine the ways in which combinations of factors may act to influence resilience. Future studies should determine whether satisfaction with a specific type of support (i.e., emotional, social parental, friend) is more effective in predicting emotional stress than a single universal measure of satisfaction. The possibility that greater exposure to a group leads to more social support from that group and/or that greater social support leads to more disclosure should also be further explored.

Although disclosure may be important for obtaining and maintaining social support, other factors, such as the strength of the relationship prior to disclosure needs to be considered. A study that examines the coming out process with those who are just becoming aware of their sexual orientation could reveal patterns of adjustment, relationships, and social support.

Finally, the role of siblings in the coming out process should be looked at. There is an abundance of research relating to parents and peers and the coming out of gay and lesbian

adolescents, but it is lacking in relation to coming out and siblings. Perhaps coming out to siblings before parents and being accepted by them can raise the comfort level before approaching the parents.

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