Homosexual Identity Development

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This paper presents an ideal-typical model of homosexual identity development that describes how committed homosexuals (i.e., women and men who see themselves as homosexual and adopt corresponding lifestyles) recall having developed perceptions of themselves as homosexual. The model consists of four stages: sensitization, identity confusion, identity assumption, and commitment. Often-repeated themes in the life histories of lesbians and gay males, clustered according to life stages, provide the content and characteristics of each stage.

KEY WORDS:
Development
Homosexuality
Identity
Developmental stage theory

People are not born with perceptions of themselves as heterosexual, bisexual, or homosexual in relation to sexual or romantic settings. Instead, sexual identities are developed slowly, over a prolonged period of time (1). This paper presents an ideal-typical model that describes how self-defined lesbians and gay males recall having developed perceptions of themselves as homosexual. The model consists of four stages: sensitization, identity confusion, identity assumption, and commitment. Because homosexuals typically experience identity confusion during adolescence, an understanding of the psychologic and behavioral forms this conflict assumes enables clinicians to better understand and meet the needs of lesbian and gay adolescent populations.

Homosexual identity development is not a linear, step-by-step process, nor is developmental change a matter of either progress or regression. Instead, identity development is a horizontal spiral, similar to a spring lying on its side (2). Progress through developmental stages occurs in a back-and-forth, up-and-down fashion. Characteristics of stages may overlap and recur in different ways for different people.

A warning: ideal types are not real. Nothing and no one exactly fits them. Ideal types are heuristic devices, ways of organizing materials for analytic and comparative purposes; they serve as benchmarks against which to describe, compare, and test hypotheses relating to empiric reality.

Second, the ages at which homosexual events (e.g., first same-sex feelings, first same-sex activity, self-definition as homosexual) are encountered, and the stages with which these events are associated, are rough guidelines. Because the reported ages are averages, the values are affected by extreme cases; thus, variations are expected and should not be treated as regressions.

Finally, relative youth, gender atypicality, lack of high school heterosexual experience, high school homosexual experience, lack of a college education, accepting family and friends, and a supportive workplace appear to facilitate homosexual identity development (1). Preliminary data from retrospective studies on small adolescent populations, for example, suggests that age cohort relates to the rate of homosexual identity development. Homosexual males currently arrive at bisexual or homosexual self-definitions at lower average ages (3) than did their older counterparts. Conversely, a relatively older age, gender typicality, high school heterosexual experience, lack of high school homosexual experience, nonaccepting family and friends, and a
nonsupportive workplace seem to prolong homosexual identity development (1).

Discussion

The various theoretic models and research used to explain and describe the development of homosexual identities share a number of features (1,4). Nearly all of the models view homosexual identity formation as taking place against a backdrop of stigma, which heavily influences identity development and personal adjustment. Second, homosexual identities are described as developing over a long period of time and as involving a number of “growth points or changes” that may be ordered into a series of stages (5). Third, homosexual identity development involves increasing acceptance of the label “homosexual” as applied to the self. Fourth, lesbians and gays develop “increasingly personalized and frequent” social contacts with other homosexuals over time (5). Fifth, homosexuals typically report an increased desire over time to disclose the homosexual identity to at least some nonhomosexual audiences. Because I have discussed and criticized homosexual identity development theory and research elsewhere (4), discussion is confined here to a description of the four stages that make up my model: sensitization, identity confusion, identity assumption, and commitment.

The Model

Stage 1: Sensitization

The sensitization stage occurs prior to puberty. At this time, most lesbians and gay males do not see homosexuality as personally relevant. However, gay males and lesbians typically have experiences during childhood that later serve as bases for seeing homosexuality as personally relevant, and which lend support to emerging perceptions of themselves as possibly homosexual. Sensitization is characterized by generalized feelings of marginality, perceptions of being different from same-sex peers. Slightly more than 70% of the homosexuals in the Bell, Weinberg, and Hammersmith sample (6), for example, reported feeling “somewhat” or “very much” different from same-sex peers during childhood.

The following comments illustrate the forms that childhood feelings of difference may assume for lesbians: “I wasn’t interested in boys”; “I was more interested in the arts and in intellectual things”; “I felt different: unfeminine, ungraceful, not very pretty, kind of a mess”; “I was more masculine, more independent, more aggressive, more outdoorish” (6).

Similar themes of childhood marginality are echoed in the comments of gay males: “I had a keener interest in the arts”; “I couldn’t stand sports, so naturally that made me different. A ball thrown at me was like a bomb”; “I wasn’t interested in laying girls in the cornfields. It turned me off completely”; “I just didn’t feel I was like other boys. I was very fond of pretty things like ribbons and flowers and music”; “I was called the sissy of the family. I had been very pointedly told that I was effeminate” (6).

Research by Bell, Weinberg and Hammersmith (6) revealed that homosexual males were two times more likely than heterosexual controls to report feeling “very much” or “somewhat” different from other boys during grade school. Lesbians were also more likely than heterosexual controls to feel “somewhat” or “very much” different from other girls during grade school. Both the lesbians and the gay males typically attributed their feelings of difference to gender-inappropriate or gender-neutral interests or behaviors. Only a minority of the lesbians and the gay males felt different because of same-sex attractions or homosexual activities.

Although being different and set apart from same-sex age-mates is a persistent theme in the recollections of childhood experiences, Bell, Weinberg, and Hammersmith (7) found that only a minority of gays and lesbians started to see themselves as sexually different before age 12. Fewer still labeled this difference “homosexual” while children. The socially created categories of homosexual, heterosexual, and bisexual hold little or no meaning for children. Children who are “prehomosexuals” rarely if ever wonder “Am I a homosexual?,” or believe that homosexuality has anything to do with them personally (8).

Because children and early adolescents rarely structure their experiences using the labels of homosexual, bisexual, or heterosexual, it is clinically more useful to focus on the meanings the feelings hold for young people and to assist them in integrating these feelings psychologically. When clinicians impose their own sexual categories upon youths by telling them, for example, “You’re not really homosexual or bisexual, you just think you are,” or “You’re not really bisexual or homosexual, you’re only passing through a phase,” they do not make the sexual feelings disappear. Instead, other-imposed judgments invalidate the client’s experi-
ence to the detriment of his or her personal adjustment. Clinician-imposed categories seem to amplify rather than reduce identity confusion, thus prolonging the period of time it takes a young person to adjust to his or her homosexual impulses.

For most lesbians and gay males, the significance of sensitization resides in the meanings that are retrospectively attached to childhood experiences, rather than in the experiences themselves (9,10). A majority of the gay males and lesbians in the Bell, Weinberg, and Hammersmith (6) sample, for example, did not recall being gender inappropriate as children. Yet, most experienced themselves as different, which may reflect an artifact of memory more than an objective difference. Substantial minorities of lesbian and gay youth, however, do recall exhibiting an objective difference—gender-inappropriate interests and behavior—that has been shown to correlate with adult homosexual preferences (6,11,12). Because American culture links gender-inappropriate behavior and homosexuality, people who display these traits during childhood acquire a potent basis for subsequent self-labeling as homosexual. The reinterpretation of past events (i.e., generalized feelings of difference or gender atypicality) as indicating a homosexual potential appears to be a necessary (but not sufficient) condition for the eventual adoption of homosexual identities.

Stage 2: Identity Confusion

Lesbians and gay males typically begin to personalize homosexuality during adolescence. They begin to reflect upon the idea that their feelings or behaviors could be regarded as homosexual. The thought that they are potentially homosexual is dissonant with previously held self-images and creates identity confusion, inner turmoil, and anxiety. Cass (5) described the early phase of identity confusion in the following way:

You are not sure who you are. You are confused about what sort of person you are and where your life is going. You ask yourself the questions “Who am I?,” “Am I a homosexual?,” “Am I really a heterosexual?” (p. 156)

By middle to late adolescence, a perception of self as “probably” homosexual begins to emerge. Cass (5) described this phase in the following manner:

You feel that you probably are a homosexual, although you’re not definitely sure. You feel distant or cut off from [other people]. You are beginning to think that it might help to meet other homosexuals but you’re not sure whether you really want to or not. You prefer to put on a front of being completely heterosexual. (p. 156)

In retrospective studies involving adults, gay males began to suspect they “might” be homosexual at an average age of 17 years (10,13), lesbians at an average age of 18 years (14).

Sources of identity confusion. Altered perceptions of self are partly responsible for the identity confusion experienced during this phase. Childhood perceptions of self as different crystallize into perceptions of self as sexually different after the onset of adolescence. Research by Bell, Weinberg, and Hammersmith (6) suggests that by age 19 years, slightly more than 75% of lesbians and gay males experience themselves as sexually different. These subjects most commonly recalled homosexual interests, a lack of heterosexual interests, and gender-atypical behavior as the reasons for their adolescent feelings of sexual difference.

Another source of identity confusion is located in the realm of sexual experience itself. Recent investigations of homosexuality have revealed that homosexuals exhibit greater variability in their childhood and adolescent sexual feelings and behaviors than do heterosexuals (6,15). By early to middle adolescence, a large majority of lesbians and gay males have experienced both heterosexual and homosexual arousal and behavior. Because American society dichotomizes homosexuals and heterosexuals, it is not surprising that adolescent lesbians and gay males are uncertain and confused regarding their sexual orientations.

As a general rule, gay males are aware of their same-sex attractions at earlier ages than lesbians. Males report becoming aware of their homosexual feelings at an average age of 13 years (6,16–18). The corresponding average age for lesbians is between 14 and 16 years (6,19). Gay males also first act on their homosexual feelings at earlier ages at a mean age of 15 years (6,10,13,17,18). Lesbians, on the other hand, first act on their homosexual feelings at later ages than gay males—at age 20 years on average (6,14,19).

Social condemnation of homosexuality also contributes to identity confusion. Stigma creates guilt, a perceived need for secrecy, and social isolation; it discourages adolescent lesbians and gay males from discussing their emerging sexual desires or activities with peers or families (20).

Ignorance and misinformation about homosexuals and homosexuality also contribute to identity
Table 1. Responses to Identity Confusion (Stage 2)

1. **Denial**: disavow homosexual feelings or actions
2. **Repair**: seek counseling or a “cure”
3. **Avoidance**: shun situations or behavior that confirm desires
   a. inhibit homosexually associated interests, behaviors
   b. limit opposite-sex exposure to avoid discovery
   c. limit exposure to information about homosexuality
   d. antihomosexual attitudes and actions
   e. heterosexual immersion as means of “cure”
   f. escapism through drug use and abuse
4. **Redefinition**: behavior redefined along conventional lines
   a. special case strategy (“I’d only do this with you”)
   b. ambisexual strategy (“I guess I’m bisexual”)
   c. temporary identity strategy (“This is only a phase”)
   d. situational strategy (“It was only experimentation”)
5. **Acceptance**: homoeroticism accepted, more information sought

Some adolescents inhibit homosexually associated behaviors or interests: “I thought my sexual interest in other girls would go away if I paid more attention to boys and concentrated more on being feminine” (author’s files).

Other youths limit their exposure to the opposite sex to prevent others from learning about their relative lack of heterosexual responsiveness: “I hated dating. I was always afraid I wouldn’t get erect when we kissed and petted and that the girls would figure out I was probably gay” (author’s files).

Other teen-agers limit their exposure to information about homosexuality because they fear the information may confirm their suspected homosexuality: “Your first lecture on homosexuality awakened my fears of being homosexual. I cut class during the homosexuality section and skipped the assigned readings. I just couldn’t accept the idea of being a lesbian” (author’s files).

A fourth avoidance strategy involves antihomosexual postures. Some lesbians and gay males distance themselves from their own homoerotic feelings by attacking and ridiculing homosexuals: “I really put down masculine-acting women until I came out and realized that not all lesbians act that way” (author’s files).

Heterosexual immersion is a fifth avoidance strategy. Some adolescents establish heterosexual involvements in hopes of “curing” themselves of their homosexual interests: “I thought my homosexual feelings would go away if I dated a lot and had sex with as many women as possible” (author’s files). In some cases, an adolescent girl may purposely become pregnant to “prove” that she isn’t lesbian.

Escapism is a sixth avoidance strategy. Some adolescent homosexuals avoid their homocropic feelings through the use and abuse of chemical substances. Getting “high” on drugs provides relief from feelings of identity confusion and may serve to justify sexual activities normally viewed as unacceptable.

Redefinition is the fourth general means of reducing identity confusion and involves redefining the behavior, feelings, or context along more conventional lines. Redefinition assumes at least four forms: the special case strategy—“I never thought of my feelings or our love making as lesbian. The whole experience was too beautiful for it to be something so ugly. I didn’t think I could ever feel this way about any other women” (author’s files); the ambisexual strategy—“I guess I’m attracted to both women and men” (author’s files); the temporary identity strategy—“I’m just passing through a phase, I’m really
not homosexual” (author’s files); and the situational strategy—“It was just experimentation” or “It only happened because I was drunk” (author’s files).

Health professionals who refuse to believe that adolescents may have well-established homosexual preferences are often in error when they reinforce the temporary identity and situational strategies. It is impossible—even with young people—to determine with certainty whether situational and temporary identity strategies are rationalizations for stigmatized behavior or defenses against an emerging homosexual or bisexual preference. In this context, it is useful for both clinicians and clients to treat the sexual feelings or experiences as valid, but to avoid prematurely labeling them until further experience enables the client to determine whether homosexual or heterosexual patterns most accurately express his or her own sexual desires and needs.

The fifth overall strategy is acceptance. With acceptance, men and women acknowledge that their behavior, feelings, or fantasies may be homosexual and seek out additional sources of information about homosexuality (8). For those who have almost always felt sexually different, the gradual realization that homosexuals exist as a social category diminishes feelings of alienation and isolation; the homosexual category provides acceptors with a label for their difference and a group to which they may belong. “From the time I was quite young I felt different from other girls and I felt more masculine than feminine. When I learned that lesbians existed I had a word that explained why I was different from other girls” (author’s files).

Self-conceptions that are anchored in denial, repair, or redefinition may be sustained for months, years, or permanently—as long as a person’s social roles, environment, relationships, and level and direction of sexual desire support and maintain them.

Stage 3: Identity Assumption

During this stage, the homosexual identity is established and shared with others. Defining oneself as homosexual and presenting oneself as homosexual to other homosexuals are the first stages in a larger process of identity disclosure called “coming out” (24, 25). The hallmarks of identity assumption are self-definition as homosexual, identity tolerance and acceptance, regular association with other homosexuals, sexual experimentation, and exploration of the homosexual subculture.

Lesbians and gay males typically self-define as homosexual at different ages and in different contexts. Retrospective studies of adult homosexuals indicate that gay males arrive at homosexual self-definitions between the ages of 19 and 21 years, on average (10, 16-18, 26). Similar studies of adult lesbians indicate that homosexual females arrive at homosexual self-definitions slightly later—between the average ages of 21 and 23 years (14, 19, 27, 28). Retrospective studies involving small samples of adolescent gay males indicate a younger age at the time of self-identification as homosexual—age 14, on average (3).

The context in which homosexual self-definition occurs also varies between the sexes and reflects differences in gender-role socialization. Lesbians typically arrive at homosexual self-definitions in the context of intense affectionate involvements with other women (14, 29). Gay males, on the other hand, are more likely to arrive at homosexual self-definitions in contexts where men are reputed to gather for sexual purposes, such as gay bars, parties, parks, YMCAs, and men’s rooms. Only a minority of gay males appear to self-define in the context of a same-sex love relationship (10, 16, 18).

Although homosexual identities are established during this stage, they are tolerated more than they are accepted. Cass (5) described people who tolerate their homosexual identities as follows:

You feel sure you’re a homosexual and you put up with, or tolerate this. You see yourself as a homosexual for now but are not sure about how you will be in the future. You usually take care to put across a heterosexual image. You sometimes mix socially with homosexuals, or would like to do this. You feel a need to meet others like yourself. (p. 156)

Self-definition as homosexual may occur just before, at the same time as, or shortly after first social contact with other homosexuals (10, 16, 29, 30-32). Only a minority of gay males and lesbians appear to self-define as homosexual without having direct contact with one or more subculturally involved homosexuals (10, 16, 30). Youths who define themselves as homosexual during early adolescence may be exceptions to this rule. In these cases, homosexual self-definitions may grow out of media presentations of homosexuality or fantasized romantic involvements with others of the same sex.

The quality of initial contacts with other homosexuals is extremely important (8). If initial contacts are negative, further contact with homosexuals may be avoided. Identity confusion will persist and be maintained through use of the
denial, repair, ambisexual, or temporary identity strategies described earlier. Positive contacts with other homosexuals, on the other hand, usually facilitate homosexual identity formation. Favorable contacts provide lesbians and gay males with a first-hand opportunity to obtain information about homosexuality and homosexuals. Direct positive exposure provides a basis for reexamining and reevaluating ideas about homosexuality and for seeing similarities between oneself and those labeled "homosexual." The meanings that are attributed to the homosexual label begin to be transformed in a more favorable direction.

Personally meaningful contacts with other homosexuals also enable neophytes to see that the homosexual community is a socially organized group to which they may belong. The perception of group membership diminishes feelings of loneliness and alienation. Newcomers identify experienced homosexuals as role models who can teach stigma-evasion strategies, rationalizations that legitimize homosexuality and neutralize guilt feelings, the range of identities and roles available to homosexuals, and the norms governing same-sex erotic expression.

**Stigma-management strategies.** Once they adopt homosexual identities, lesbians and gay males are confronted with the issue of stigma and its management. Several stigma-neutralization strategies are available. Women and men who *capitulate* (23) avoid homosexual activity because they have internalized a stigmatizing view of homosexuality. The persistence of homosexual feelings may lead them to experience self-hatred and despair. People who use *minstrelicity* (33) express their homosexuality along lines etched out by the popular culture. They behave as the wider culture expects them to behave—in highly stereotyped, gender-inappropriate fashions.

**Passing** as heterosexual is probably the most common stigma-evasion strategy (23). Women and men who pass as heterosexual define themselves as homosexual, but conceal their sexual preferences and behavior from heterosexual family, friends, and colleagues. Passers lead "double lives"—that is, they segregate their social worlds into heterosexual and homosexual spheres and hope that the two never collide.

**Group affiliation** is also an extremely common evasion strategy adopted by neophyte homosexuals (23). Men and women who evade stigma through affiliation become actively involved in the homosexual community. The perception of "belonging" to a world of others similarly situated eases the pain of stigma. By the end of the identity-assumption stage, people begin to accept themselves as homosexual. Cass (5) described *acceptance* of the homosexual identity as follows:

You are quite sure you are a homosexual and you accept this fairly happily. You are prepared to tell a few people about being a homosexual (such as friends, family members etc.) but you carefully select whom you will tell. You adopt an attitude of fitting in where you live and work. You can't see any point in confronting people with your homosexuality if it's going to embarrass all concerned. (p. 156)

**Stage 4: Commitment**

A commitment is a feeling of obligation to follow a particular course of action (34). In the homosexual context, commitment involves adopting homosexuality as a way of life. For the committed homosexual, "it becomes easier, more attractive, less costly to remain homosexual" than to try to function as a heterosexual (20). Entering a same-sex love relationship marks the onset of commitment (10, 24).

Commitment has both internal and external dimensions. It is indicated internally by the integration of same-sex sexuality and emotionality into a meaningful whole, a shift in the meanings attributed to the homosexual identity, the view that the homosexual identity is a valid self-identity, and satisfaction with the homosexual identity. It is indicated externally by same-sex love relationships, disclosure of the homosexual identity to nonhomosexual audiences, and shifts in stigma-management strategies.

**Internal indicators.** The fusion of same-sex sexuality and emotionality into a meaningful whole is one internal measure of a person's commitment to homosexuality as a way of life. Persons of the same sex are redefined as legitimate sources of love and romance as well as sexual gratification (10, 24, 35). Same-sex romantic preferences are seen by homosexuals themselves as differentiating "true" homosexuals from those who are merely experimenting (35).

Another internal measure of commitment to homosexuality as a way of life is reflected by the mean-
ings that homosexuals attach to the homosexual identity. The homosexual subculture encourages both lesbians and gay males to perceive the homosexual identity as an "essential" identity, a state of being and way of life, rather than merely a form of behavior or sexual orientation (30,35–37).

The degree of satisfaction with one's sexual orientation is a third internal indicator of commitment (38). When Bell and Weinberg (15) asked their sample of homosexuals if they would remain homosexual even if a magic pill would enable them to become heterosexual, 95% of the lesbians and 86% of the gay males claimed they would not take the magic pill.

**External indicators.** An external indicator of the successful synthesis of same-sex emotionality and sexuality into a meaningful whole is a commitment to a same-sex love relationship. Lesbians begin same-gender love relationships between the average ages of 22 and 23 years—a year or less after they self-define as lesbian (15,19). Gay males typically enter their first love affairs at slightly older average ages (between 21 and 24 years), roughly 2 to 5 years after they self-define as homosexual (10,15,18).

Disclosure of the homosexual identity to heterosexual audiences is a second external indicator of commitment to homosexuality as a way of life. "Coming out" involves disclosure to an expanding series of audiences ranging from oneself, to other homosexuals, to heterosexual friends and/or family, to coworkers, to employers, on through to being publicly identified as homosexual by the media (25). Disclosure of the homosexual identity to nonhomosexual others typically occurs with increasing levels of commitment to homosexuality as a way of life. So, health professionals should not expect adolescents to share their homosexual identities openly with many nonhomosexuals.

Although homosexual identity development is characterized over time by an increasing desire to disclose the homosexual identity to nonhomosexual audiences, few people disclose their homosexual identities to all of the people in their environments. Instead, they fluctuate "back and forth in degrees of openness, depending on personal, social, and professional factors" (39). Slightly more than half of Bell and Weinberg's (15) respondents, for example, came out to some or most siblings or close heterosexual friends, and less than half disclosed the homosexual identity to their parents. Even greater discretion was exercised in disclosing the homosexual identity to coworkers and employers. Only about one-third confided in coworkers, and less than one-fifth claimed that their employers were aware of their homosexuality.

Those lesbians who disclose their homosexual identities to nongay friends begin to do so at an average age of 28 years (19); gay males disclose between the average ages of 23 and 26 years (18,19). Gay males who disclose their homosexual identities to their parents do so at age 28 years, on average; lesbians at an average age of 30 years (19). Those who come out in professional settings do so at even later average ages—52 years for lesbians, 31 years for gay males (19). The average ages at which lesbians and gay males encounter the homosexual events (e.g., age of first same-sex attraction) associated with each stage of identity development are summarized in Table 2.

A shift in stigma-management strategies is a third external indication of commitment. Blending (4) and covering (23) replace passing and group alignment as the most common strategies, with a minority opting for conversion (23). People who blend act in a gender-appropriate fashion and neither announce nor deny their homosexual identities to nonhomosexual others. They perceive their homosexuality as irrelevant to the worlds of work and immediate family. Women and men who cover are ready to admit that they are homosexual (in many cases because it is obvious or known about), but nonetheless take great pains to keep their homosexuality from looming large. They manage their homosexuality in ways meant to demonstrate that they are respectable, although they may be homosexual.

People who convert are openly homosexual and confront, rather than evade, the homosexual stigma. Formally or informally, they attempt to inform the general public about the special contributions homosexuals have made to society in hopes of eliminating oppression through political change (e.g.,

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**Table 2. Average Ages Adult Homosexuals Recall First Encountering Homosexual Events**

<table>
<thead>
<tr>
<th>Event</th>
<th>Lesbians</th>
<th>Gay males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same-sex arousal (yr)</td>
<td>14–16</td>
<td>13</td>
</tr>
<tr>
<td>Same-sex activity (yr)</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Understand term &quot;homosexual&quot; (yr)</td>
<td>17–18</td>
<td>17</td>
</tr>
<tr>
<td>Suspect self is homosexual (yr)</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Homosexual self-definition (yr)</td>
<td>21–23</td>
<td>19–21¹</td>
</tr>
<tr>
<td>&quot;Come out&quot; to nonhomosexuals (yr)</td>
<td>28</td>
<td>23–28</td>
</tr>
</tbody>
</table>

¹Adolescent gay males recall having self-identified at an average age of 14.
Table 3. Stigma Management Strategies Associated with Identity Assumption (Stage 3) and Commitment (Stage 4)

<table>
<thead>
<tr>
<th>Stage 3: Identity Assumption</th>
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</thead>
<tbody>
<tr>
<td>1. Capitalization: same-sex acts avoided; seen very negatively</td>
</tr>
<tr>
<td>2. Minimization: stereotyped, gender-inappropriate actions</td>
</tr>
<tr>
<td>3. Passing: lead a &quot;double life&quot;</td>
</tr>
<tr>
<td>4. Group affiliation: become involved in homosexual community</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Stage 4: Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Blending: gay identity neither announced nor denied</td>
</tr>
<tr>
<td>2. Covering: tone down homosexuality to show &quot;respectability&quot;</td>
</tr>
<tr>
<td>3. Conversion: confront the stigma, seek social change*</td>
</tr>
</tbody>
</table>

*A few individuals utilize this strategy during the identity-assumption stage.*

Equal rights in jobs and housing. A few individuals adopt this strategy during identity assumption when they define themselves as homosexual. Stigma-management strategies associated with identity assumption (Stage 3) and commitment (Stage 4) are listed in Table 3.

Stigma-evasion strategies are, however, situational rather than constant—that is, personal, social or professional factors may prompt individuals to blend or cover in some situations, openly disclose the homosexual identity in others, and switch to conversionist modes in yet other contexts. Selective and nonselective self-disclosure have important consequences for the self. Identity disclosure enables the homosexual identity to be more fully realized—that is, a shared and taken-for-granted facet of oneself in a wider range of contexts. A more complete integration between people's identities and their social worlds is possible when personal, social, and professional factors permit them to see and to present themselves as homosexual and to know that they are viewed as such by others. Cass (5) described identity synthesis in the following way:

You are prepared to tell [almost] anyone that you are a homosexual. You are happy about the way you are but feel that being a homosexual is not the most important part of you. You mix socially with homosexuals and heterosexuals [with whom] you are open about your homosexuality. (p. 156)

Summary

A homosexual identity is a perception of self as homosexual in relation to sexual or romantic settings. Homosexual identity development occurs over a prolonged period of time and involves four ideal stages: sensitization, identity confusion, identity assumption, and commitment. The hallmarks of each stage are summarized in Table 4.

Retrospective studies of adults who define themselves as homosexual and lead corresponding lifestyles suggest that homosexual identities emerge from generalized perceptions of the self as different during childhood. Generalized perceptions of the self as different typically crystallize into images of the self as sexually different during middle to late adolescence. Rewarding encounters with other homosexuals near the end of adolescence facilitate definition and acceptance of self as homosexual. Continued involvement with the homosexual identity and role fosters commitment to homosexuality as a way of life and an increased desire to disclose the homosexual identity to nonhomosexual audiences. Selective and nonselective identity disclosure enables lesbians and gay males to integrate their homosexual identities more fully with their environments. In the final analysis, however, homosexual identity is emergent: that is, it is never fully determined in a fixed or absolute sense and is always subject to modification and further change.

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