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Predictor Variables Associated with Disclosure and Concealment of Sexual Orientation

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Philadelphia College of Osteopathic Medicine

Department of Psychology

**PREDICTOR VARIABLES ASSOCIATED WITH DISCLOSURE AND
CONCEALMENT OF SEXUAL ORIENTATION**

By AnnMarie Panarello

Submitted in Partial Fulfillment of the Requirements of the Degree of

Doctor of Psychology

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**PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
DEPARTMENT OF PSYCHOLOGY**

DISSERTATION APPROVAL

This is to certify that the thesis presented to us by Ann Marie Panarello
on the 29th day of September, 2011, in partial fulfillment of the
requirements for the degree of Doctor of Psychology, has been examined and is
acceptable in both scholarship and literary quality.

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Acknowledgements

Abstract

This study examined variables associated with the disclosure and concealment of sexual orientation. A non-experimental correlational design with a regression analysis used to test the following hypotheses: 1) The following independent variables, latter stage of identity development, lower internalized homophobia, more perceived social support, higher self-esteem, and lower presence of cognitive distortions will account for a statistically significant amount of the variance in the disclosure of sexual orientation. 2) The following independent variables, earlier stage of identity development, higher internalized homophobia, less perceived social support, low self-esteem, and higher presence of cognitive distortions will account for a statistically significant amount of the variance in the concealment of sexual identity. 3) Of the five independent variables, degree of internalized homophobia will be most predictive of disclosure of sexual identity. 4) Of the five independent variables, degree of internalized homophobia will be most predictive of concealment of sexual identity. Results of the study found stage of identity development to be both predictive of disclosure and concealment. Social support was also found to be predictive with regard to concealment. All other variables were noted as insignificant. Research evaluating factors that impact the disclosure and/or concealment of sexual orientation remains an important area of study. The goal with regard to exploring these factors is to improve the overall psychological well being of gay and lesbian individuals.

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Chapter One

Statement of the Problem

The gay liberation movement began in 1969 with the Stonewall riot (Rupp, 1999), and The *Village Voice* newspaper at the time stated, “the liberation is under way” (as cited in Rupp, 1999). The events at Stonewall came to symbolize the organization of a people who prior to this showed no self-acceptance, pride, or resistance. Currently, president Obama is working with the gay and lesbian community to continue equal rights for this population. Yet despite progress and political support, sexual minority groups still do not have the same access to basic human rights shared by heterosexual counterparts. Sexual minority groups still experience a significant amount of other discriminatory practices and oppression. These discriminatory practices might be a significant reason why gays and lesbians may choose to conceal their sexual identity.

Homosexual individuals face critical daily choices surrounding whether or not to disclose their sexual identity, especially in light of possible discrimination, violence, and rejection. Research suggests that concealment of stigmas such as sexual identity may lead to a significant number of stressors including anxiety about being found out, isolation from others, and detachment from the true self (Pachankis, 2007). Therefore concealment of a stigma can have a negative impact on one’s psychological well being. In contrast to concealment, it has been found that when homosexuals choose to disclose their sexual identity they experience moderate to high levels of psychological well being (Pachankis, 2007; Beals, Peplau, & Gable, 2009).

Research has shown that self esteem, internalized homophobia, social support, and identity development also play a role in the disclosure of sexual identity (Beals,

Peplau, & Gable, 2009; Peterson & Gerrity, 2006). Studies have found when internalized homophobia decreases, self esteem, social support, level of identity disclosure, and sense of belonging to the gay community increases (Herek, cogan, Gillis, & Glunt, 1997; Peterson & Gerrity, 2006). Additionally, it has been suggested that when individuals conceal a stigma, they become self conscious and expect to be negatively evaluated by others (Pachankis, 2007). However, little to no research has been conducted pertaining to whether or not fears associated with identity disclosure are based on cognitive distortions or actual negative consequences.

Purpose of the Study

The purpose of the present study is to examine whether the choice to conceal or disclose one's sexual identity is associated with the presence of cognitive distortions about the negative consequences of disclosure or is based on actual discriminatory experiences. It will evaluate decisions regarding not only the coming out process but also decisions surrounding daily disclosure of sexual identity. The present study will examine whether stages of identity development, internalized homophobia, perceived social support, self-esteem, and cognitive distortions were predictive of the frequency of sexual identity disclosures and concealment.

Program Goals

This dissertation specifically relates to PCOM's program goals two and three. The current study aims to produce research that will benefit the sexual minority population by assisting practitioners with understanding issues of sexual minority clients.

This study will evaluate a minority population in order to better understand issues related to diversity and in turn utilize that information to provide better assessment, diagnosis, and treatment to sexual minority clients.

Chapter Two: Review of the Literature

Background

Sexuality is a part of each person's self or personality, that has not been well understood across history and time. The question often arises: What causes people to love and desire as they do? There have been many theories presented on what determines one's sexual preference, and there is still not enough conclusive evidence to support just one theory. There are many factors that determine most of our behaviors, including our sexual behaviors, and current research often indicates that most of our behaviors are multiply determined by biological, psychological, and social factors.

Although the question of why people differ in their sexual desires still remains unanswered, what is clear is that same-sex sexual activity has existed since man has inhabited the earth. As Jeffrey Weeks states in *Coming Out: Homosexual Politics in Britain* (as cited in Dynes & Donaldson, 1992): "Homosexuality has existed throughout history, but what have varied enormously are the ways in which societies have regarded homosexuality, the meanings they have attached to it, and how those who were engaged in homosexual activity viewed themselves."

In ancient Athenian society sexual relations between young adolescent and old men were idealized. Some such sexual acts were viewed not as same-sex desire, but rather as acts of power establishment. In some societies same-sex acts are participated in as rituals. In the highlands of New Guinea, in order for Sambia boys to enter adulthood, they must first swallow the semen of older men (Rupp, 1999). In most societies, including Europe until about 1700, same-sex sexuality falls into two categories. One is based on age-dissonant sexual dominance, where a younger and older male participate in

a same-sex sexual act and doing so does not affect either the man's or child's status as a male. The second is based on gender-dissonant sexual dominance, where a masculine male participates in a same-sex sexual act with a male who lives as a non-male, or a feminine male. Here, the masculine male does not lose any status for such an act (Halsall, 1997).

Native Americans had very diverse understandings of gender and sexuality. They exhibited a wide range of sexual practices and attitudes, which inevitably clashed with that of the Europeans. Native Americans saw gender roles in terms of men, women, and a third category referring to half man/half woman known as "berdache". This third category contained men who took on the roles of women and had sexual relationships with masculine men, and women who took on the role and dress of a man and coupled with feminine women. Prior to contact with Europeans, it seems that Native Americans saw nothing deviant about such sexual relations. The Europeans however saw such acts as "devilish" or "lewd" (Rupp, 1999).

Despite the openness toward sexuality that the Native Americans had, that all changed once the early Americans colonized the new world. With their arrival came their perceived right to decree what sexual acts were acceptable and which would be condemned. They ended up adopting European legal and religious sanctions for acts perceived as deviant or perverse (Rupp, 1999).

In the early 1700's, the first signs of a subculture of homosexuals emerged in Europe. They were a group of men who gathered at clubs and taverns, which tolerated male-male sexual activity. They were seen as an effeminate group of males and thus termed "mollies". Moving into the nineteenth century industry and capitalism provided

a forum for the homosexual identity to emerge. Capitalism pulled people out of the homes and into the workforce which created an environment of autonomy allowing sexuality to enter the realm of choice (Dynes & Donaldson, 1992). Also during this time sexual liberalism doctors known as sexologists began unraveling the mysteries of sexuality. They defined same-sex sexuality as “homosexuality” or “inversion” (Rupp, 1999). The term homosexual was first used in the United States in 1892, and referred to “abnormal manifestations of the sexual appetite”.

Rupp (1999) reports that prior to the use of the terms homosexual and heterosexual:

Expressing desire for a person of the same sex, or engaging in a same-sex sexual act, or falling in love with someone of the same sex did not traditionally mean that one merited designation as a special kind of person. (p.75)

However, with the emergence of these definitions a new sub-culture began to emerge, and with the creation of the homosexual came the establishment of the heterosexual.

In the late nineteenth century medical doctors and psychologists began searching for causes of same-sex desire. They first believed that homosexuality was some kind of mental/emotional disorder. The medical community began feeling a sense of pity toward homosexuality and they began criticizing legal and religious condemnation of homosexuals. With the increasing attention to inversion, or homosexuality came skepticism toward same-sex friendships. In the beginning of the 20th century the field of psychiatry devoted efforts to study homosexual activity among women in reformatories and prisons. By the 1920’s intimate friendships between women were watched keenly (Dynes & Donaldson, 1992; Rupp, 1999).

During the sexual revolution of the 20th century same-sex sexuality became more publicized, but it also came to be seen as the defining feature of a particular kind of deviant person. During this time, institutions and networks that constituted the gay and lesbian subculture began to grow and differentiate themselves. This occurred under oppressive conditions and as a result, homosexual acts were seen as deviant and individuals caught participating in such acts would be legally prosecuted (Dynes & Donaldson, 1992).

In 1914 fifty California men were charged with “social vagrancy”, or in other words participating in same-sex acts. Journalists following the case uncovered evidence of a “society of queers” numbering in the thousands. This was the beginning of the emergence of same-sex communities throughout the United States. In big cities men and women with same-sex desires gathered together, used certain terms to identify themselves and developed codes of dress to suit their lifestyle and to designate themselves as different (Rupp, 1999).

In the 1930’s, homosexuality was forced out of the spotlight due to the economic struggle. However, with the United States entrance into the Second World War homosexuality again became a topic for discussion. The war created an environment for which same-sex sexuality and affection could be more easily explored. With men entering the armed forces and women entering the workforce, there was a departure from the heterosexual norm (Dynes & Donaldson, 1992). The United States military made every attempt to keep gay men out of the military. It was assumed that gay men were too feminine to participate in combat. Military recruitment employed screening processes in which volunteers were blatantly questioned about their sexual preference. If a man

admitted to being a homosexual he was denied entrance into the armed forces. For women it was slightly different. Initially there were no screening processes, and lesbians seemed to congregate in the military. However, once it was recognized that the armed forces were a gathering grounds for lesbians screening was implemented with the purpose to prohibit lesbians from enlisting. While attempts were made to keep homosexuals out of the military some people lied about their sexual orientation in order to serve their country. Wartime cultivated a boom in the gay and lesbian subcultures. While off duty, homosexuals sought out places to gather together. This led to the establishment of the “gay bar”. If military personnel were caught engaging in any homosexual behaviors they were discharged from the army, and once discharged they were denied GI benefits and access to a number of jobs. Post war discrimination spread into the government sectors as well. A 1950 Senate committee report titled *Employment of Homosexuals and Other Sex Perverts in Government*, led to the firing of homosexuals from all levels of government employment (Rupp, 1999).

The 1950’s were filled with anti-gay propaganda and homosexuals were persecuted socially, politically, and economically. With the increase in scrutiny for the homosexual lifestyle, homosexuals began attempts to organize and fight for equal rights. In 1969, on the night of July 27th, the New York City police raided a gay bar known as the Stonewall Inn. This was a routine raid, but on that night it ended differently. Instead of submitting peacefully, the bar patrons resisted, and a riot ensued (Rupp, 1999). Rupp (1999) summarizes the impact of the Stonewall riot in 1969. The *Village Voice* newspaper at the time stated, “the liberation is under way” (as cited in Rupp, 1999). The events at Stonewall came to symbolize the organization of a people who prior to this

showed no self-acceptance, pride, or resistance. The riot marked a change for the homosexual subculture evidenced in the emergence of the Gay and Lesbian movement for equality. In 1973 the first gay and lesbian civil rights organization was formed; it was named the National Gay and Lesbian Task Force (Dynes & Donaldson, 1992; Rupp, 1999).

By the end of 1973, there were close to 800 gay and lesbian organizations in the United States. In 1975 the government ban on the employment of homosexuals in federal jobs was lifted. But by the 1980's, a conservative force called Moral Majority Inc., led by Jesse Helms and Jerry Falwell, attempted to slow the efforts of the gay rights movement. These efforts in conjunction with the AIDS epidemic in the 1980's, put the gay community in the spotlight. Anti-gay rhetoric increased, and political mobilization mounted against the gay community. However, during this time, the gay community gained strength as well and the Moral Majority did not reach its policy goals with regard to homosexuals. Over the next two decades, half of the US states decriminalized homosexual behavior, and many large cities added sexual orientation in their civil rights statutes (Family Education Network, Inc, "Milestones", 2011).

In 2003, the US Supreme Court ruled in the *Lawrence v. Texas* case that sodomy laws in the United States are unconstitutional (Family Education Network, Inc, "The American", 2011). In 1993, President Clinton made efforts to have the ban on homosexuals in the military lifted. He was met with great opposition, so he instead settled for the "*Don't Ask, Don't Tell*" policy, which permitted gays to serve in the military, but banned any homosexual activity as well as admission to being homosexual. Then, in 1996 in the *Romer v. Evans* case, the Supreme Court struck down Colorado's

Amendment 2, which denied gays and lesbians protection against discrimination. In the year 2000, Vermont became the first state to legally recognize a civil union between same-sex couples. The civil union gives the same state benefits to same-sex couples that married couples receive without referring to the union as a marriage. This was a great milestone for gays and lesbians, but still fell short of the intended goal of having the same rights as heterosexual couples to marry (Family Education Network, Inc, "The American", 2011).

Although there is no doubt that homosexuals are in a better place than they were 50 years ago, discriminated based on sexual orientation remains a reality and certain constitutional rights which gays and lesbians are entitled to under the constitution, have not been afforded to them. Some of the current issues on the political agenda for gay men and lesbians are the following: marriage equality, employment non-discrimination, hate crimes protection, domestic partnership benefits, and discriminatory policies in the military, among others (Human Rights Campaign, 2011). In a qualitative study by Levitt et al. (2009), researchers found that gays and lesbians experience constant reminders that they are not seen as equal to their straight fellow citizens by the United States government and public laws.

When pertaining to marriage equality or domestic partnership, other western countries are more progressive as compared to the United States. In 2001, Holland added same-sex marriage in its definition of marriage, and in 2003, Belgium did the same. Canadian also began permitting same sex marriage in 2003. In contrast, in the United States in 2003, approximately 30 states enacted the "Defense of Marriage Acts" this law banned same-sex marriage. This law restricts the definition of marriage to between one

man and one woman. There is current legislation known as “The Respect for Marriage Act” (RMA) that serves to combat the inequality of the “Defense of Marriage Act”. The RMA aims to restore the rights of same-sex couples to receive the benefits of marriage under the federal law. In 2008 a public poll showed that 7 of 10 Americans support extending federal benefits to same-sex couples. Currently, the only states practicing marriage equality are Connecticut, Massachusetts, Iowa, New York, Washington D.C. and Vermont (Human Rights Campaign, 2011).

Another political issue is employment non-discrimination. Currently, federal law protects individuals from employment discrimination on the basis of race, gender, religion, national origin or disability however sexual orientation or gender identity and gender expression are not included under the protection of the federal law. Currently, in 29 states there is no law protecting individuals from discrimination based on sexual orientation and in 38 states it is still legal to discriminate based on gender identity and expression. The proposed solution to work place discrimination is called the “Employment Non-Discrimination Act” (EDNA). This legislation aims to protect individuals from basic prejudices including prejudice based on sexual orientation and gender identity. Despite the fact that this bill has yet to be passed, in September of 2009, 87% of fortune 500 companies enacted policies to protect individuals from discrimination based on sexual orientation, and 41% have policies protecting individuals based on gender identity (Human Rights Campaign, 2011).

In addition to discrimination that gays and lesbians experience in the work place, they often experience violence in the form of hate crimes. Following the brutal death of Matthew Sheppard in 1998, a gay male college student who was beaten to death for being

gay, the “Hate Crimes Prevention Act” was introduced. Finally, in October of 2009 President Barack Obama signed the law into action, allowing the prosecution of bias motivated crimes. One of the largest concerns of gay and lesbian individuals is domestic partnership benefits. Benefits such as health insurance and retirement are not currently offered to same-sex couples whom are employed by the federal government. The “Domestic Partnership Benefits and Obligations Act” (DPBO) would provide the same benefits to gay and lesbian federal employees that are offer to heterosexual couples. The bill is currently awaiting passage in the Senate.

Progress has been made in some political areas and overwhelming public support has resulted in the recent dismissal of “Don’t Ask Don’t Tell” (DADT) act which was a military policy that required individual to be dishonest about their sexuality. Today statistics show that 75% of the American public believe that individuals in the military should be able to serve and remain open about their sexuality without sanctions. This statistic has dramatically changed over the years, in 1993 only 44% of United States citizens believe in military non-discrimination (Human Rights Campaign, 2011).

The current political climate, though one of change remains a battle ground for gay and lesbian individuals. Identity politics encompassing the political concerns of gays and lesbians have gained strength over the decades both publicly and privately. Evidence for such support came in President Obama’s speech to the Human Rights Campaign, on Saturday October 10th, 2009, where he stated “you will see a time in which we as a nation finally recognize relationships between two men and two women as just as real and admirable as relationships between a man and a woman”(Obama, 2009).

In summary, despite much progress and strides toward equality, gay, lesbian, bisexual, and transgendered (GLBT) individuals today continue to face discrimination and social injustice. Identity politics, based on “Queer Theory” have aimed to persuade the heterosexual majority to change their views on homosexuality. This effort is grounded in the assumption that the LGBT community although a distinct, unique culture, is entitled to the same rights as the straight majority.

Identity Development

In order to have a comprehensive understanding of the struggle LGB individuals’ experience, it is important to have an understanding of how one’s identity and sense of self evolves and how this process is different for LGB individuals. The formation of a unified sense of self is the foundation of human development through the life span. For homosexual individuals developing a sense of identity is often referred to as “coming out” (Halpin & Allen, 2004). Eric Erikson (1963) proposed one of the original theories of personality development which has been quite influential in developmental psychology. Erikson’s theory suggests that personality development occurs throughout stages and is a process that continues throughout the life span. This theory has contributed significantly to the field of psychology especially in terms of identity development. Erikson’s theory laid the foundation for research in the area of shaping the individual’s sense of self and has also been influential in the development of ethnic and racial identity formation models.

The core of Erikson’s theory holds that the ego, is the center of the personality structure. Erickson (1963) suggests the ego begins to develop in childhood and continues to refine itself throughout the life span, allowing the individual to enhance adaptive

responses to the environment. Erikson's is a stage theory that characterized by struggles among the biological, psychological, and social forces that influence an individual and these influential forces may create a crisis for the individual at any given point in time. When a crisis occurs at a developmental stage, the crisis is either resolved (as in the achievement of identity) or unresolved (failure to attain coherent identity). Erikson proposed that successfully resolving a crisis forms the basis for future resolution when a crisis occurs (Whitbourne, Sneed, & Sayer, 2009).

Erikson's theory is based on an eight stage model. Specific to the concerns of identity development is stage five, identity vs. role confusion. It is during this stage, usually occurring within adolescence that children begin to establish independence and begin exploring future possibilities. They begin to form their identity based on the outcome of this exploration. The stage can be characterized by either the development of a positive sense of self, or by confusion about themselves and their role in the world. James Marcia (1966), build upon and expanded Erikson's theory to propose another model of identity development. Marica's primary focus was on adolescent identity development. Marcia proposed that this stage of development does not consist of identity resolution or confusion, but rather is characterized by exploration and commitment. Marcia suggests that individuals go through a process of exploring options regarding life domains such as religion, sexuality, gender roles, occupational roles, and relational choices and then commit to an identity based on the choices they make following exploration. Identity development according to Marcia will result in 1) a sexual orientation 2) values and ideals and 3) an occupational direction. According to this theory, a crisis is defined as a time when one begins questioning prior choices and feels

the need to re-evaluate. The end of each crisis results in a commitment to a new role or value. Individuals proceed through a four stage model of identity development:

1. Identity Diffusion, during this stage the adolescent has no sense of having choices to make about the establishment of the self.
2. Identity Foreclosure, during this stage adolescents begin to commit to some ideas of self but these ideas are not based on crisis resolution or exploration of options, they are based on expectations of others.
3. Identity Moratorium, during this stage the adolescent is in crisis and has begun exploring choices but has made no commitments.
4. Identity Achievement, during this stage the adolescent has successfully navigated the crisis and has made some commitment to the identity that they have chosen.

Due to the unique struggles of lesbian, gay, and bisexual (LGB) youth and the departure from the traditional adolescent developmental period, Marcia (2001) suggests there is a need to study ego identity development in order to ameliorate developmental obstacles. It is additionally important because mature ego identity has been correlated with less mental health symptoms and a more secure sense of self. This might be particularly relevant to the LGB population who due to prejudice and oppression often have higher levels of mental distress (Potocznaik, Aldea, & DeBlaere, 2007, McCarn & Fassinger, 1996).

Due to the unique developmental patterns of minority groups, scholars have stressed the importance of creating developmental models that are culture specific. The field of multicultural counseling has worked to develop minority identity developmental

models in order to better serve culturally diverse populations. Asian Americans, African Americans, Hispanic Americans, and American Indians are among the few minority groups that have distinct cultural heritages that differ from the Caucasian majority.

One example of a racial identity development model is Cross's (1971) model of African American identity development (the process of becoming black), which was developed during the civil rights movement. The process is based on a five-stage model: pre-encounter, encounter, immersion-emersion, internalization, and internalization-commitment. Through this process African Americans move from a White frame of reference to a more positive Black frame of reference.

Sue and Sue (1999) created a comprehensive model of Racial/Cultural Identity Development (R/CID) to encompass a broader population. This model poses a five stage paradigm in which the oppressed individual gains understanding of their own culture, the majority culture, and the oppressive relationship between the two cultures: conformity, dissonance, resistance and immersion, introspection, and integrative awareness.

1. Conformity, is characterized by a self-depreciating attitude, group-depreciating attitude toward other members of the minority class, discriminatory or neutral attitudes toward other minority members, and an appreciating attitude toward the dominant group.
2. Dissonance, during this stage the individual begins to think about the possibility of positive attitudes toward their own minority culture, dominant views begin to weaken and are questioned, stereotypes of other minorities are questioned and a growing sense of comradeship with other oppressed groups

is felt. The person begins to realize that not all of the dominant cultural values are beneficial to the minority group.

3. Resistance and Immersion, is characterized by the minority individual beginning to endorse minority held views solely and rejecting the dominant values of society. During this stage the individual will often feel anger, guilt, and shame as a result of recognizing the dominant group as the oppressor.
4. Introspection, where the intense feelings of anger directed toward the dominant group is recognized as draining and extreme. The individual begins to re-evaluate their beliefs and recognizes that some of the dominant views and culture may be applicable to themselves.
5. Integration awareness stage, the individual develops a strong sense of confidence and pride in their minority group but also selectively trusts member of the dominant group, is able to accept dominant views that are applicable to themselves, and works to eliminate oppressive activities (Sue & Sue, 2008).

LGB individuals have a slightly different model of identity development due to growing up in an environment in which one is expected to be heterosexual. This expectation may foster a struggle with identity awareness, acceptance, and affirmation, a process referred to as “coming out” (McCarn & Fassinger, 1996). There have been a number of theories posited for sexual minority identity development (Cass, 1979; Troiden, 1989; McCarn & Fassinger, 1996).

Troiden (1989) developed a model of identity development slightly different from Cass. It highlights the importance of a supportive environment; one that fosters self-

definition and self-acceptance against the backdrop of social stigma and prejudice. Troiden's theory posits that disclosure of sexual identity is an option rather than a necessary stage. Troiden's theory is a four stage model:

1. Sensitization occurs prior to puberty and is characterized by feels of marginalization and the notion that one is different from one's peers.
2. Identity Confusion occurs during adolescence and is marked by recognition of feelings and behaviors that may be labeled as homosexual. Sexuality becomes the focus during this stage and there is a conflict in identity between current feeling and prior self.
3. Identity Assumption occurring in the late teens, early twenties, during this stage individuals become less isolative and begin to interact with other homosexuals. A primary task during this stage is stigma management, coping skills begin to be employed and individuals choose to acknowledge but may have a negative view of their homosexuality, exaggerates their homosexual behavior, conceals homosexuality, or immerses self into the gay community and often excludes heterosexual interactions.
4. Identity Commitment integration of homosexuality into a stage of being rather than exclusively a description of sexual behavior. During this stage one accomplishes same sex love commitment and one's homosexuality becomes less important in one's overall identity.

McCarn and Fassinger (1996) model includes two distinct processes which can occur simultaneously or independently of one another; individual identity development and group membership identity. Additionally, McCarn & Fassinger use the term

“phases” rather than stages in order to highlight flexibility rather than rigid stage progression. They propose that identity development is continuous and circular because new relationships pose new issues and every new social context requires renewed attentiveness of group oppression. Furthermore, the model does not assume disclosure is a hallmark of development, except to some extent, during the final phase of group identity. The four stages of individual sexual identity development are as follows:

1. Awareness during this stage one acknowledges feeling different from the heterosexual norm and previously held assumptions that everyone is heterosexual are questioned.
2. Exploration involves exploration of sexual feelings but may not involve sexual behavior.
3. Deepening/Commitment involves increasing knowledge and choices about sexuality. Same-sex relationships are seen as a possibility and it is here individuals are likely to become self-aware of their same-sex desires. Sexual clarity and commitment to fulfilling sexual acts develop. Intimacy and identity become entangled and an individual begins to recognize that his/her choices of intimacy imply certain things about who they are. One moves toward acceptance and further exploration of those aspects of self.
4. Internalization/Synthesis during this phase individuals begin to accept their same-sex desires as part of their overall identity. It is likely that many years of exploration and resolution of identity crises have occurred during this phase and clarification will involve the synthesis of identity into ego identity creating a sense of internal commitment about same-sex preference. Once the

internal concept of self is reformulated, the public identity will need to be as well. Choices about identity disclosure will be made and these choices are what leads to integration, not the resolution of these choices. For example, an individual may choose to remain “closeted” at work for certain reasons but it is the addressing of this choice that leads to integration. The act of processing and making choices regarding sexual identity and disclosure is what leads to integration within an individual.

The second process that individuals go through in the identity model is the group membership identity development. This process of identity development addresses social attitudes toward same sex desires and the task of self and group labeling. This process is conceptually similar to the racial/ethnic identity model because it addresses identification as a member of a minority group. Each phase of the model addresses how one feels towards the self, other sexual minorities, and nongays. Both aspects of the identity model stem from the common root of being unaware of homoerotic desire and having been socialized to hold certain beliefs about sexual norms. The process of group identification involves the unlearning of heterosexist ideas and homophobia that occurs as a result of socialization. The difficulty of the group identification process will vary for each individual depending on the degree of heterosexism and internalized homophobia (IH) within each person. The four stages of group membership identity development are as follows:

1. Awareness during this phase the individual becomes aware that heterosexuality is not a universal norm and individuals with different sexual orientations exist. There is realization that a community of homosexuals

exist, yet the initial discovery is just that this group exists, there is no understanding of oppression at this time.

2. Exploration during this phase the individual defines their position in relation to this group in terms of attitude and group membership. During this phase, one actively pursues knowledge about the group and the possibility of group membership is processed.
3. Deepening/Commitment during this phase awareness about the oppression and unique value of the gay community forms. It is during this phase that homosexuals are likely to intensely identify with the minority group and reject the heterosexual culture completely. Individuals in this phase may like experience a variety of feelings including: excitement, rage, pride, and internal conflict.
4. Internalization/Synthesis during this final phase, the individual has transitioned through the process of conflict and evaluation, and begins to identify as a sexual minority. The meaning of this membership is redefined and this new identity is internalized and synthesized into one's overall self-concept. This synthesis is reflected in one's ability to maintain their homosexual sense of self across a variety of contexts and with a more integrated view of the self. During this phase identity disclosure is likely to have occurred on some levels.

The two processes of this comprehensive model are reciprocal but do not necessarily occur simultaneous; however, it is probable that procession through either

aspect of the model will likely affect the other developmental process. It is also important to note that this model was originally created for lesbian identity development; however, it has since been empirically validated with samples of gay men as well (Potoczniak, Aldea, & DeBlaere, 2007).

Finally, the most well known of all the gay identity developmental models was developed by Cass (1979) and reformulated by Cass (1996) to include the reciprocal interaction the individual has with their sociocultural environment. Cass's stages are as follows:

1. Identity Confusion, is the first stage, and during this stage individuals become aware of that homosexuality is relevant to themselves. This awareness raises recognition of the inconsistencies between the individuals' perception of self and their heterosexual self image perceived by others. Internal conflict ensues and affective disturbances may result.
2. Identity Comparison, is the second stage and is characterized by social alienation. This occurs because individuals become aware that others perceive them as heterosexual and they perceive themselves as homosexual. This may result in feelings of isolation.
3. Identity Tolerance, is the third stage and is characterized by an increasing commitment to a homosexual identity and a tendency to seek out other homosexual individuals. The isolation from the heterosexual community results in tolerance, not acceptance of one's homosexual identity.
4. Identity Acceptance, is the stage when an individual begins to interact more with other homosexuals and begins developing more positive feelings about

their own identity. During this stage the task of remaining hidden and concealing one's identity becomes more difficult.

5. Identity Pride, involves facing the incongruity between the positive perception of the homosexual self and society's negative perception of homosexuality. During this stage, homosexual individuals often reject the heterosexual society. This stage is characterized by both pride and anger.
6. Identity Synthesis, is the stage in which the individual realizes they can have positive experiences with non-homosexuals and that homosexual identity is only once facet of the self.

The LGB identity development models presented are all slightly different, however the central idea is that LGB individuals move through a process of becoming aware that they are different from their heterosexual peers in terms of their sexual interests, they explore these sexual interests, essentially find a way to incorporate sexual orientation into their overall idea of the self, finally come to some acceptance regarding their non-heterosexual self, and generally make decisions regarding identity disclosure.

Internalized Homophobia

One variable that has been found to correlate with decisions regarding identity disclosure that is largely impacted by the stage of identity development one is in, is a concept known as internalized homophobia. Internalized homophobia is a state that is created by cultural and societal mechanism of learning. This learning process occurs because most cultures, including the United States are pervaded by heterosexism, an ideological system that disparages and stigmatizes any form of non-heterosexual behavior. Children often internalize societal heterosexism from an early age,

consequently, most gay men and lesbians often experience some negative feelings toward their homosexuality in adolescents or adulthood. These negative feelings toward the self, known as internalized homophobia, often makes identity formation and disclosure of sexual identity a difficult process and may also create psychological challenges throughout a person's life (Herek, Cogan, Gillis, & Glunt, 1997).

Internalized homophobia has been found to affect sexual minorities in many ways. It has been correlated with identity formation, disclosure of sexual orientation, and psychological well being (Szymanski, Kashubeck-West, & Meyer, 2008). Sexual identity models suggest that internalized homophobia is a construct that most LGB person's experience on their journey toward developing a positive sense of self and acceptance of his or her sexual orientation. Internalized homophobia is cognitive-behavioral state that usually begins to dissipate as one moves toward latter stages of identity development and becomes more comfortable with their own sexuality.

To understand the origins of internalized homophobia, also known as self-stigma it is important to understand the social and cultural construct of sexuality and how power and inequality are associated with sexuality (Herek, Gillis, & Cogan, 2009). Self-stigma is a form of self directed prejudice based on an individual's acceptance of and acquiescence with society's negative evaluation of homosexuality. It is a term used to broadly categorize the negative regard, lesser status, and powerlessness that society commonly associates with non-heterosexual behaviors and identity. Individuals are certainly aware of the negative stereotypes associated with homosexuality and the devalued status relative to heterosexuality. Stigma based differentials in status and power

are preserved by society's institutions and ideologies in the form of institutionalized stigma.

Institutionalized sexual stigma is known as heterosexism. Heterosexism operates through two processes. First, because people are assumed to be heterosexual (a belief known as "The Heterosexual Assumption"), sexual minorities often remain unrecognized and unacknowledged by institutions. Second, when sexual minorities become visible, they are presumed to be abnormal and deserving of discriminatory treatment. Examples of heterosexism are religious doctrines that vilify homosexuality and laws that prevent marriage or any other equality, such as the right to serve as openly gay in the military (Herek, Chopp, & Strohl, 2007).

Herek (2007, 2009) pointed out that both heterosexual and non-heterosexual individuals may have stigma related experiences for two main reasons. First, during the socialization process most children internalize some degree of sexual stigma usually as a result of the expectation to grown up heterosexual. Second, sexual orientation is a concealable stigma, so anyone can potentially be perceived as heterosexual, homosexual, or bisexual.

Regardless of an individuals' sexual orientation, they manifest sexual stigma in at least three ways (Herek, Gillis, & Cogan, 2009). First, sexual stigma is expressed behaviorally through acts of shunning, ostracizing, using antigay slurs, discrimination, and violence. These and related acts are known as *enacted* sexual stigma. Both heterosexual and non-heterosexual individuals can be targets of and perpetrators of enacted stigma. A second manifestation of sexual stigma is known as *felt* stigma. This occurs as a result of the collective knowledge shared by society regarding the

homosexual behavior. This collective knowledge includes expectations that stigma enactments may occur in certain situations. Because anyone including heterosexual individuals can be a target of a stigma enactment, the expectation of being a target often motivates people to alter their behavior. Felt stigma can motivate anyone to engage in self-preservation strategies to avoid being labeled as non-heterosexual. This at times may be adaptive insofar that it allows individuals to avoid being the target of stigma enactments, but it also has costs. Felt stigma may motivate individuals to constrict their behavioral options (avoiding gender nonconformity or physical contact with same-sex friends) and it may even inspire people to perpetuate enacted sexual stigma against others. In addition it can lead to chronic concealment of one's devalued sexual identity resulting in social isolation (Herek, Gillis, & Cogan, 2009).

Finally, the third manifestation is *internalized* sexual stigma. The personal acceptance of sexual stigma becomes part of the heterosexual or non-heterosexual individual's value system. The internalization of sexual stigma involves altering one's self-concept to mirror the stigmatized response of society. For heterosexuals, internalized stigma is expressed as negative attitudes toward sexual minorities, which is known as sexual prejudice, homophobia, homonegativity, and heterosexism. When sexual minorities harbor internalized sexual stigma it can be directed both inwardly and outwardly. They may hold negative attitudes toward other LGB individuals however, in most cases such prejudice is secondary to the negative feelings they harbor toward themselves and their own homosexuality. This self-directed prejudice is a result of the individual's acceptance of society's negative evaluation of homosexuality and is referred

to as self-stigma, internalized homophobia, internalized heterosexism, or internalized homonegativity (Herek, Gillis, & Cogan, 2009).

Many empirical studies have evaluated the relationship between internalized homophobia and sexual identity formation and the coming-out process. A few studies have found internalized homophobia to relate to the particular stage of identity development lesbian women are in (Fingerhut, Peplau, & Ghavami, 2005; Mildner, 2001; Piggot, 2004; Peterson & Gerrity, 2006).

In a study examining internalized homophobia and identity formation based on Cass's (1979) model of sexual identity development, Piggot (2004) found that lesbians in the later stages of identity development (ie. identity pride and synthesis) reported significantly lower levels of internalized homophobia than lesbians in the earlier stages of identity development. Similarly, in two studies assessing internalized homophobia and identity development relating to McCarn and Fassinger's model (1996), Fingerhut, Peplau, and Ghavanni (2005) and Mildner (2001) found internalized homophobia to be negatively correlated with lesbian identity, suggesting that lower levels of internalized homophobia are associated with a more healthy identity formation.

Two qualitative studies evaluated the relationship between internalized homophobia and identity formation in gay men using Cass's (1979) sexual identity development model, Mayfield (2001) and Rowen and Malcolm (2002) found a large negative relationship between gay identity stages and internalized homophobia, suggesting that high levels of internalized homophobia may delay formation of a positive identity. In sum studies involving both gay men and lesbians support the notion that individuals with higher levels of internalized homophobia have lower levels of identity

development, also suggesting that internalized homophobia is more evident in the earlier stages of identity formation (Szymanski, Kashubeck-West, & Meyer, 2008).

Numerous studies have also evaluated the impact of internalized homophobia on disclosure of sexual identity. Many studies have found high levels of internalized homophobia to negatively impact disclosure of sexual identity. Internalized homophobia is related to less disclosure and more concealment in both gay men and lesbians (Herek et al. 1998; House, 2004; Lewis, Derlega, Griffin, & Krowinshi, 2003; McGregor, Carver, Antoni, Weiss, Yount, & Ironson, 2001). Internalized homophobia has also been found to impact other aspects of the coming out process. Internalized homophobia is related to increase in conflict concerning sexual orientation, more posing as heterosexual, and lack of membership to a LGB group (Szymanski, Chung, & Balsam, 2001). Collectively, internalized homophobia is related to poorer identity development, less disclosure of sexuality, and more difficulties with aspects of the coming out process (Szymanski, Kashubeck-West, & Meyer, 2008).

Internalized homophobia has also been evaluated in relation to a variety of psychological, social, and physical health variables. Studies evaluating the impact of internalized homophobia on self-esteem in lesbians have found internalized homophobia to be related to poorer self-esteem (Peterson & Gerrity, 2006; Piggot, 2004). Piggot (2004) found internalized homophobia and internalized sexism to be significant predictors of self-esteem, suggesting that more internalized oppressions were associated with lower self-esteem. Similarly, studies investigating the impact of internalized homophobia on self-esteem for gay men have also suggested that higher levels of

internalized homophobia are correlated to lower levels of self-esteem (Herek et al., 1998; Linde, 2003; Rowen & Malcolm, 2002).

Internalized homophobia has also been found to negatively impact social support. In studies evaluating both gay men and lesbians, internalized homophobia has been found to be related to less overall social support and less satisfaction with social support (McGregor et al., 2001; Shidlo, 1994; Szymanski et al., 2001).

Finally, internalized homophobia has been found to negatively impact psychological well being. Both Piggot (2004) and Szymanski and colleagues (2001) found significant positive correlations between internalized homophobia and depression in samples of lesbian women, suggesting higher levels of internalized homophobia are related to an increase in depressive symptoms. In samples of sexual minority men, internalized homophobia has also been found to be positively related to depression (Herek et al., 1998; Shidlo, 1994; Zuckerman, 1999). In one study, researchers evaluated a sample of both sexual minority men and women and found internalized homophobia to be positively associated with depression (Lewis et al., 2003).

Stigma Concealment

A factor relating to identity development and internalized homophobia is the decision of whether or not to conceal or disclose one's sexual identity. As previously mentioned individuals in latter stages of identity development that experience lower levels of internalized homophobia are more likely to disclose their sexual identity than to conceal it. Therefore, a part of gay and lesbian identity development is the choice whether or not to disclose one's sexual identity. Sexuality is a concealable stigma, as is mental illness, and human immunodeficiency virus (HIV). Individuals with such stigmas

often face considerable stressors. Research suggests that individuals concealing a stigma often suffer higher rates of depression and anxiety (Kavanaugh, 1995; Kelly, 1998), often engage in more cognitive preoccupation and hypervigilance (Pachankis, 2007), and often experience feelings of shame and guilt (Frable, Pratt, & Hoey, 1998).

Additionally, individuals with a concealable stigma face decisions regarding disclosure of the hidden stigma, they deal with ongoing anxiety that their stigma may be revealed at any time, they are often isolated from other stigmatized individuals, and they may have a sense of detachment from their true self. Concealing stigmas can have a powerful negative impact on one's daily life. With every new encounter individual must evaluate who knows about their stigma, who may suspect this stigma, and who remains ignorant to the stigma. The ambiguity of every new situation is heightened by the fact that disclosure may not be a sensible choice to make in the presence of many people encountered (Pachankis, 2007).

Kavanaugh (1995) suggested that concealment of sexual identity actual results in concealment of a variety of other aspects of an individual's life. For example, concealing ones sexual orientation may also result non-disclosure of other information such as whom one takes a vacation with or does their shopping with. This type of concealment has a larger impact on an LGB individual than sexual identity per se because individuals end up concealing non-private information about themselves as well. Endler, Flett, Macrodimitris, Corace, & Kocovski (2002) found self concealment to be highly positively correlated with social anxiety. The researchers suggested that social anxiety is a result of fear of evaluation from others. In relation to identity discourse, evaluation may follow instances of self-disclosure therefore individuals experiencing social anxiety

may tend to conceal information about themselves. The problem with concealable stigmas is that for some individuals revealing their stigma could result in negative implications such as job loss, social isolation, abandonment by loved ones, and even violence. Ambiguity along with the threat of violence or loss makes processing a concealable stigma a challenge for many persons (Pachankis, 2007).

Many theories of stigma concealment have been presented in research, for example, communication privacy management theory, strategic perception management, identity management theory, and cognitive theories of secrecy (Pachankis, 2007). The communication privacy management model (Petronio, 2002) for example has been applied to the difficulties individuals face in management of concealment and disclosure of an HIV diagnosis. This model addresses the negotiation of private information during interpersonal interactions; however it does not deal with the psychological experience of this negotiation. This model focuses on aspects of interactions post disclosure of sensitive information. For example, when individual are made aware of private information they must adhere to the rules and boundaries that regulate the flow of this information. Therefore individuals who are privy to this private information must also negotiate the stigmatizing information for the other person and determine who it is and is not appropriate to share this information with.

Strategic perception management theory (Olney & Brockelman, 2003) more closely addresses the psychological implication of processing a stigma. This theory focuses on strategy development to control interactions with others who are perceived to be non-stigmatized. It highlights the active stance an individual must take with others in order to interact with others in way to keep their stigma hidden, including the fact that

they must closely focus on every interaction and search for clues as to whether or not the other individual is aware of the stigma.

Identity management theory (Clair, Beatty, & MacLean, 2005) considers the management of information regarding one's stigma. This theory focuses on the ways an individual manages information of the hidden stigma in context of their overall identity. It has been most often applied to understanding managing information in the context of developing a homosexual identity. This theory addresses the factors that impact one's decision whether or not to reveal or conceal a stigma in specific environments such as the workplace. Both individual difference factors such as (self monitoring and risk taking behavior) and contextual factors such as (professional norms) evaluated because they influence decisions regarding disclosure. The core of the theory addresses the way in which individuals must negotiate whether or not to disclose their stigma across a variety of conditions.

Finally, the cognitive preoccupational model of secrecy (Smart & Wegner, 1999) addresses the intrapersonal processes faced by those concealing a stigma. This model suggests that when an individual attempts to conceal a stigma, they become preoccupied with their thoughts regarding the stigma, which impacts overall well being and social functioning. According to this theory, four processes happen when one tries to conceal a stigma. Preoccupation starts with the person suppressing thoughts pertaining to the stigma, leading to thought intrusion, leading to an increase in effort to suppress. This cycle continues for the duration of the time the information is kept secret.

As a result, social functioning is often impaired because the preoccupation and intrusion of thoughts often takes attentional resources away from healthy interactions

with others. Concealment of one's sexual identity also correlates with decreased perceptions of social support (Potoczniak, Aldea, and DeBlaere, 2007). In a study of 305 lesbian women, Jordan and Deluty (2000) found that individuals who engaged in less concealment reported greater satisfaction with their relationships and reported an increase in perceived social support.

Pachankis (2007) presented a more comprehensive model for processing a stigma. Based on the previous literature, none of the models discussed deal with the overall psychological consequences of concealing a stigma. This model suggests that situational features activate internal reactions for the individual concealing a stigma, resulting in cognitive, affective, and behavioral implications. The model starts with situational dependence, which suggests that based on the situation, certain cognitions and affective states are activated in an individual. This often depends on the salience or accessibility of the stigma related thoughts. A stigma may be salient for an individual when it is shared by many or no one else in the situation, for example at a gay pride parade, where many openly gay individuals are present or conversely, being the only gay person at a work party. The revelation of concealable stigmas such as homosexuality, mental illness, and HIV may result in rejections, isolation, victimization in the form of violence or discrimination, and loss of meaningful relationships. Therefore the treat of discovery in addition to the perception of the consequences of that discovery can cause individuals great distress. It is important to note that every situation an individual encounters presents differ challenges and a variety of degrees of threat to the individual therefore every situation may activate a different set of cognitive and affective states.

In the Pachankis model, cognitions are said to influence affect and self evaluation and reversely, affect and self evaluation are said to impact cognitions. Cognitive challenges often result in negative affective states, behavioral difficulties, and poor self-evaluation. These negative affective states experienced by an individual may in-turn result in a cyclical increase in preoccupation, vigilance, and suspicion. The specific cognitive implication of concealing stigma are preoccupation, increased vigilance of stigma discovery, and suspiciousness. Studies have shown that thought suppression leads to intrusion of thoughts (Lane & Wegner, 1995; Wegner, Schneider, Carter, & White, 1987). Concealment of a non-visible stigma can result in hidden costs not suffered by those with a visible stigma. The cognitive preoccupation that usually accompanies concealing a hidden stigma can be tremendously difficult and has been labeled as a private hell (Smart & Wegner, 2000). Intrusive thoughts may lead to rumination and an increase in disordered thinking as a result of inhibition of expression (King, Emmons, & Woodley, 1992).

Confrontation of a situation that activates stigma related thinking, experiencing affective distress, and perceiving oneself as incapable of concealing the stigma, could result in hypervigilance where the individual begins searching for clues that their stigma may be suspected. Such vigilance, although protective to some degree, may result in negative psychological consequences, specifically by negatively impacting interpersonal behavior of the individual with the concealable stigma (Pachankis, 2007). Concealing a stigma may also make the individual whom is concealing the stigma look suspicious. Santuzzi & Ruscher (2002) found that women who role played having a lesbian identity and concealing this identity, displayed more paranoid social cognition during the role

play than those women who role played having a lesbian identity but were able to disclose this identity during the role play. The women in the study with a concealable stigma displayed self-conscious thoughts and expected to be negatively evaluated by their interaction partner.

Individuals generally attempt to hide a stigma out of fear of negative evaluation and rejection from others. Kelly (1998) found, after reviewing a substantial amount of literature, that individuals who tend to keep personal secrets tend to present as more lonely, shy, introverted, and are more socially anxious (Cepeda-Benito & Short, 1998; Ichiyam, Colbert, Laramore, & Heim, 1993). Individuals who engage in stigma concealment over an extended period of time may also begin to experience feelings of shame and guilt and may begin to view themselves in a negative light. In a study of college students, Frable, Platt, and Hoey (1998) found that individuals with concealable stigmas such as being gay, lesbian, or bisexual; having an eating disorder; or those from a low socioeconomic status reported lower self-confidence, higher anxiety and depression, and lower self-esteem as compared to both non-stigmatized and visibly stigmatized students. One important aspect of this study is that Frable et al. found evidence that those with a concealable stigma experienced more negative affect than those with a visible stigma, suggesting that concealment moderates the relationship between having a stigma and experiencing negative affective states.

Other non-visible stigmas such as HIV and psychiatric diagnoses also result in negative emotional states. Link, Mirotznki, and Cullen (1991) found that psychiatric patients and who concealed a history of psychiatric treatment by both avoidance of disclosure and avoidance of individuals who might have discovered one's mental health

treatment history, reported higher levels of helplessness, hopelessness, sadness, and confusion. Pachankis (2007) points out that secrecy may partially explain the relationship between perceived illness-related discrimination and affect. The act of hiding a stigma actually prevents the individual from having a positive corrective experience where they may learn that others may not discriminate against them because of their status as they anticipated.

HIV is a stigma that has unique consequences not associated with other concealable stigmas. Herek (1999) points out that progressive and incurable diseases such as HIV often lead to difficult psychological consequences. It is especially the case with HIV, where individuals are often judged to be morally responsible for contracting the illness in the first place. HIV additionally has personal, legal, and social implications that leave individuals with HIV particularly vulnerable to emotional distress. Individuals who are living with HIV and disclose their status may experience emotional distress as a result of rejection, abuse, or violence; however concealment also has negative implications in this population (Parsons, VanOra, Missildine, Purcell, & Gomez, 2004).

In a study of HIV positive men and women, those concealing their status to their sexual partners exhibited more emotional distress than those who disclosed their HIV status. Specifically, those who concealed their status experienced more psychoticism, anxiety, and hostility (Kalichman & Nachimson, 1999). In a similar study Levy et al. (1999) evaluated a sample of 174 HIV positive patients. Almost one quarter of the sample reported waiting at least a year to disclose their status to another individual. Half of the participants reported that they planned this disclosure while the other half reported spontaneous disclosure due to significant psychological distress over concealing

important information about their identity. Most of the patients in this sample reported that fear of rejection was the main reason for concealment.

Behavioral implications of stigma concealment may cause disruption in interpersonal interactions. These disruptions in interpersonal interactions may be a result of self-monitoring and impression management, behavioral performance deficits, increased avoidance and isolation, and deficits in interpersonal feedback. Individuals with a concealable stigma must decide how and whether or not to disclose their stigma in a given situation. Individuals with concealable stigmas often engage in impression management strategies to prevent their stigma from being revealed (Pachankis, 2007). Concealing such information often requires one to engage in deceptive behavioral strategies. Research suggests that minority groups such as gay men and lesbians (Pachankis & Goldfried, 2006) and former psychiatric patients (Link et al., 1991) engage in impression management strategies to keep their stigma hidden.

Pachankis and Goldfried (2006) studied a sample of gay male college students and three quarters of their sample reported trying to change their behavior in order to keep their sexual orientation concealed due to fear of rejection. Participants noted attempts to change the tone and content of their speech, their mannerisms, the way they walked, reported lying about sexual partners, and reported trying to appear more masculine. Such behavioral modification strategies can be conceptualized as attempts to hide a concealable stigma in order to avoid rejection and negative evaluation from others. The construct of self-monitoring is closely related to impression management. Individuals may attempt to alter their behavior in order to hide their stigma. Hetrick and Martin (1987) suggested that lesbian, gay, and bisexual adolescents may continually

engage in self-monitoring in order to ensure they are not giving off clues regarding their sexual orientation. Pachankis (2007) also hypothesized that stigma concealment and self-monitoring behavior are correlational given the notion of increased fear of negative evaluation and the heightened motivation for individuals hiding a stigma to present as a member of the majority group.

Social avoidance and isolation are other behavioral strategies utilized by individuals attempting to hide a stigma. Individuals with a concealable stigma may avoid situations all together in order to avoid feeling rejected. Research supports the notion that avoidance is a good way to circumvent the negative affective and cognitive strategies of dealing with a concealable stigma (Corrigan & Matthews, 2003; Link et al., 1991). However, avoidance of others often results in the inability to attain adequate social support from others. The fear of rejection prevents disclosure which in turn affects an individual's ability to form close relationships with others. Research has documented the importance of social support in the lives of those dealing with stigma (Goldfried & Goldfried, 2001; Hershberger & D'Augelli, 1995). Studies have found social support to be especially important for gay and lesbian youth. Being connected to family and peers and having a sense of safety, may mediate stress and psychological well being among gay and lesbian youth (Busseri, Willoughby, Chalmers, & Bogaert, 2008; Eisenberg & Resnick, 2006).

Another behavioral consequence of not disclosing a concealable stigma is a lack of interpersonal feedback. Hiding a stigma prevents individuals from receiving feedback from others regarding their stigma and may in-turn prevent individuals from receiving positive evaluations regarding themselves. The feedback that one receives upon

disclosure becomes an important aspect of a person's overall identity and may impact feelings of self-worth and subsequent behavior (Pachankis, 2007). Those dealing with a concealable stigma face unique challenges in their interpersonal relationships.

Concealment can lead to feelings of guilt and anxiety in close relationships and may prevent the concealer from becoming fully known to others they are close to. In sum, Pachankis (2007) pointed out how concealing a stigma can lead to a variety of behavioral deficits including: self-monitoring, avoidance, impression management, and feedback deficits. These behavioral difficulties are a result of the cognitive and affective challenges that come with managing a concealable stigma. Fear of rejections and anticipation of being negatively evaluated by others in addition to feelings of anxiety, guilt, and shame greatly impact and individual's behavior. Pachankis's model nicely highlights the reciprocal nature of these forces acting upon one another and the overall effect they have on the individual concealing the stigma.

Other Factors Relating to Identity Disclosure

In addition to identity formation, stigma concealment, and internalized homophobia, there are a number of other factors associated with disclosure of sexual identity. Factors such as psychological well being, self-esteem, and social support have been found to impact the decision of whether or not to disclose one's sexual identity. These factors often have a reciprocal relationship with disclosure as well. As previously mentioned, stigma concealment often impacts an individual's ability to successfully navigate what is know as the coming out process which occurs as part of one's sexual identity development. Previous theories of identity development have been discussed and have addressed how the coming out or disclosing of one's sexual identity is often part of

a sexual minority's identity development. Disclosure opportunities frequently arise for sexual minorities. There are noted advantages as well as disadvantages of disclosure. Some benefits associated with disclosure of one's sexual identity are: psychological well being, including, increased self-esteem and increased perception of social support. Disclosure may also enhance one's relatedness to institutions such as school or work. Some of the costs associated with disclosure of sexual identity are: physical harm, social alienation and rejection, and self-consciousness and self-fulfilling prophecies (Corrigan & Matthews, 2003). In 2008 alone, 1,706 sexual minorities reported being victims of hate crimes in the United States (Federal Bureau of Investigation, 2008). In addition to hate crimes, social disapproval and housing or job related discrimination may also affect sexual minorities who choose to disclose their sexual orientation (Corrigan & Matthews, 2003).

Well Being

One of the main impacts of concealing a secret is the effect it has on mental health and well being. Concealment of personal information has been linked to poor psychological outcomes and can affect psychological well being (Beals & Peplau, 2005; Meyer, 2003; Selvidge, Matthews, & Bridges, 2008). LGB individuals have higher rates of mental disorders than heterosexuals which may be due to "minority stress". Minority stress can be conceptualized as the stigma, prejudice, and discrimination that sexual minority's experience. These prejudicial events, along with expectations of rejection, concealment of personal information, internalized homophobia, and compromised coping processes may result in mental health issues (Meyer, 2003). Larson and Chastain (1990) assess how concealment of personal information affected a sample of 306 health care

professionals. Results of the study suggest that those individuals with greater concealment displayed higher levels of depression and anxiety.

In a similar study involving LGB youth, D'Augelli (2002) studied the mental health problems among lesbian, gay, and bisexual, (LGB) youth ages fourteen to twenty one. The researcher used a sample of 542 youth from community settings. The study explored variables of parent reactions to coming out, rates of victimization based on sexual orientation, problems related to sexual orientation, and fears related to sexual orientation relating to mental health problems and rates of suicidality. Results suggest that LGB youth reported significantly more symptoms on scales of obsessive-compulsiveness, interpersonal sensitivity, anxiety, depression, hostility, and psychosis however, researchers found a modest correlation between openness about sexual orientation and fewer mental health symptoms. This finding suggests that disclosure of sexual identity may be a variable associated with more positive mental health outcomes.

Beals, Peplau, and Gable (2009) sought to capture the daily experience of gay men and lesbians related to their opportunities to either disclose or not disclose their sexuality. Researchers found that on average, participants reported more positive feelings, higher levels of self-esteem, and more life satisfaction on days when they disclosed rather than concealed their sexual orientation.

Social Support

Another variable that is often affected by one's level of openness about sexuality is social support. Social supports is the emotional and practical help from others, including family, friends, clergymen, counselors, and teachers, that enhances individuals

and helps protect individuals from stress, and can assist with coping (Sigelman & Rider, 2006).

Research suggests that coming out removes the stress of keeping a secret, which in turn, can result in the formation of better relationships with one's sexual partner (Beals & Peplau, 2001; Beals, Peplau, & Gable, 2009) and also leads to an increase in familial social support (Day & Schoenrade, 2000). Beals, Peplau, and Gable (2009) evaluated factors impacting the relationship between self-disclosure and well being. Of the factors examined, they found perceived social support to be the most significant predictor of well being and secondly they found disclosure was strongly correlated with perception of social support. Perceived social support was found to mediate the relationship between disclosure and well being suggesting that disclosure predicted well being because it was associated with feeling more supported by others. Conversely, it is also possible that when an individual perceives the availability of social support they are more likely to disclose, reversing the causal direction.

In another study, Ueno (2005) assessed mental health problems and interpersonal stressors of sexual minority youth in comparison to their heterosexual counterparts. The researcher drew data on 12, 579 teens from the National Longitudinal Study of Adolescent Health (Add Health). The study included information on psychological distress, sexual orientation, interpersonal stress and problems, attachment to friends, and attachment to parents. Findings from this study suggested that sexual minority youth experienced more psychological distress, experienced interpersonal problems with peers, teachers, and parents, and were less emotionally attached to others. The researcher contended that sexual minority youth, unlike other minority youth, were not as closely

connected to one another, and therefore are less likely to have friendships at school because many remain closeted to avoid rejection. As a result these youth are invisible to other sexual minority youth making it difficult to develop friendships with similar others. Ueno (2005) suggests that when sexual minority youth connect with one another, their relationships may act as a buffer against psychological damage caused by interpersonal difficulties.

Masini and Barrett (2007) conducted a study with 220 LGB adults age fifty and older to evaluate the role of social support in relation to psychological well being. For LGB seniors specifically, social support can serve as a protective and meaningful factor in light of the discrimination and minority stress that LGB individuals often face. Social support is especially important in the absence of a supportive family or society. Researchers found that for LGB seniors, support from friends rather than family predicted greater quality of life and lower depression, anxiety, and internalized homophobia.

As Meyer (2003) points out, social support is imperative for gay and lesbian individuals who not only confront the typical stressors of life, but who also have to deal with the burden of “minority related stress” associated with their devalued social identity. Beals and Peplau (2005) studied identity support and identity devaluation in a sample of 34 lesbians. Identity support is feeling that other people understand and support one’s lesbian identity. In contrast identity devaluation is the feeling that others are uncomfortable with one’s sexuality. The study found that women who scored higher on identity support measures also reported higher levels of well being including self-esteem,

satisfaction with life, and lower levels of depression. Consequently, feeling that one's sexual identity is supported by others is an important predictor of overall well being.

Self-Esteem

Rosenberg (1979) defines self-esteem as the degree to which an individual considers himself or herself to be adequate and of value. Self-esteem is a variable considered to fall on a continuum, where individuals with higher self-esteem have a more positive view of the self, and those with lower self-esteem, hold a negative self-perception, including feelings of self-dislike and inferiority. Self-esteem has been studied relating the psychological well being of LGB individuals. Studies suggest that internalized homophobia and identity development may impact self-esteem (Beals & Pelau, 2005; Peterson & Gerrity, 2006). Sullivan and Wodarski (2002) suggested that acceptance of one's own sexuality can often lead to an increase in self esteem and social identity, which can in-turn ameliorate problems such as suicidal ideation and risk taking behaviors. As Cain (1991) points out, disclosing a secret acts as a therapeutic agent enhancing one's self-esteem.

Peterson and Gerrity (2006) sought to examine the relationship between internalized homophobia, self-esteem, and lesbian identity development among 35 undergraduate women. Researchers found a significant positive relationship between identity stage and self-esteem suggesting that lesbians in the later stages of their identity development are likely to have higher self-esteem. Also a significant moderate negative relationship between internalized homophobia and self-esteem suggesting that one's own negative feelings about their sexuality may negatively impact self-esteem. Additionally, identity development and internalized homophobia were negatively correlated suggesting

that individuals who are in the later stages of identity development experience less internalized homophobia. Previous research supports the idea that “outness” or comfort with disclosure in relation to internalized homophobia is characteristic of individuals in the later stages of identity development (Herek et al, 1997; Peterson & Gerrity, 2006). Therefore it can be suggested that individuals in the latter stages of identity development may be less likely to conceal their sexual orientation, in turn, showing an elevation in self-esteem.

Halpin and Allen (2004) evaluated the stage of homosexual identity development in relation to psychological well being. The researches sought to investigate psychological well being in relation to stages of identity development using Cass’s (1979) model. Four hundred and twenty five men were evaluated on measures of depression, self-esteem, satisfaction with life, and loneliness. Interestingly, during the first two stages “confusion and comparison” individuals report high levels of psychological well being suggesting that during this stages, the lack of awareness of the emerging homosexual self is protective. Also individual in these stages have likely never experienced hostility due to the nature of concealment and lack of disclosure. In contrast, the middle stages of “tolerance and acceptance” were marked by poorer psychological well being and individuals report high rates of depression and loneliness, and lower satisfaction with life and self-esteem. This may be a direct result experiencing judgment, stigma, and rejection as a result of disclosing one’s sexual identity. Finally, the later stages of “pride and synthesis” were marked by a rise in psychological well being and gay men in these stages reported elevated self-esteem and happiness.

Cognitive Distortions

The cognitive model proposed by Beck (1964) suggests that people's emotions and behavior are affected by their perceptions of a situation. It is not the event itself that causes an individual to become upset, it is one's interpretation of the event. The way people feel is associated with the way they construe and think about an event.

Individuals' thoughts and feeling related to events are influenced by three tiers of cognitive processing, core beliefs being the most fundamental of the three. Core beliefs are fundamental thoughts and assumptions that individuals believe to be absolute truths such as, "I'm incompetent." Intermediate beliefs comprise the next tier of cognitive processing and consist of attitudes, rules, and assumptions that are influenced by core beliefs and help individuals makes sense of sometimes chaotic environments. An intermediate belief may be "It's terrible to not be good at sports" or "I must work hard all the time." These belief systems give people a way to categorize and label experiences that are easily understood. Automatic thoughts encompass the final and most superficial tier of cognitive processing. Automatic thoughts are quick evaluative thoughts occurring in response to various events. Automatic thoughts include the actual words or images associated with specific situations and often times these thoughts may be negative in nature causing alterations in mood (Beck, 1995).

Individuals who make consistent errors in thinking often have systematic negative biases in terms of cognitive processing. Common thinking errors have been labeled cognitive distortions, which are typical mistakes in thinking. Relating to disclosure or concealment of a stigma such as sexual identity, previous research has pointed out the cognitive implications of stigma concealment. Research suggests, that concealment of a

stigma may result in negative thought patterns such as fear of negative evaluation and self-consciousness (Pachankis, 2007). The cognitive model suggests that a pattern of fear of negative evaluation by others can be a cognitive distortion. More specifically there are three common errors of thinking that are related to fear of negative evaluation by others. The first, termed *catastrophizing (also known as fortune telling)* occurs when individuals predict something negative will happen in the future without considering more reasonable outcomes. The second, *mind reading*, is when individuals believe they know what others are thinking, failing to consider other options. Finally, *overgeneralization*, is when individuals make a negative conclusion that goes beyond the current situation (Beck, 1995).

Fear of negative evaluation, which is one reason for sexual identity concealment, is also a prominent characteristic experienced by individuals with social anxiety problems. Individuals with social anxiety disorder often have inherent negative beliefs about themselves and others. They often view themselves as unacceptable to others, and others as critical and therefore likely to negatively evaluate them. In contrast, non-anxious individuals often view others as supportive and cooperative (Barlow, 2001). Additionally, individuals concealing a stigma often devote significant attentional resources through hypervigilance and cognitive preoccupation resulting in negative affective states much like the socially anxious individual experience. Fears of negative evaluations often prevent individuals from having corrective experiences which would potentially allow them to process information contrary to their existing belief that others will reject them (Barlow, 2001; Pachankis, 2007).

Gay men and lesbian may hold core beliefs regarding their sexuality specifically that homosexuality is deviant or perverse. These core beliefs may be a direct result of the socialization process that all individuals are exposed to. As previously mentions, individuals are socialized to believe that heterosexual behavior is acceptable and normal and that homosexual behaviors are unacceptable. These core beliefs may result in the triggering of negative automatic thoughts whenever a disclosure opportunity occurs. This along with the fact that an individual may have had prior negative experiences surrounding disclosure, may result in errors in thinking and assumptions such as “everyone will reject me if they know I’m a homosexual” or “people will treat me differently if they find out I’m homosexual.” Such distorted beliefs may in fact be based on prior experience however, their generalized nature, along with their interference in functioning, may cause an individual great distress.

Theories of fear related anxiety suggest that the extinction of fear depends upon the processing of new information that is incompatible with the exiting fear (Foa & Kozak, 1986; Powers, Smits, Leyro, & Otto, 2007). This new processing requires exposure exercises in which individuals successfully confront their fear in the absence of avoidance and safety behaviors, allowing the individual to learn new information about the unlikelihood of the feared consequences occurring (Moscovitch, 2009).

With regard to stigma disclosure, research suggests that disclosure of a concealable stigma can result in greater self-acceptance and higher self-esteem (Gershon, Tschann, & Jemerin, 1999; Savin-Williams, 1989). Hereck (2003) explains why disclosure of sexual orientation may be advantageous. He suggests that because homosexual behavior is stigmatized in society, disclosure of one’s orientation may be

affirming, resulting in a more positive view of the self. Additionally, disclosure allows an individual to receive positive feedback from others regarding their identity, enhancing positive feedback and positive self-evaluation. It has been suggested that receiving positive feedback often motivates individuals to align their hidden self with their present self (Pachankis, 2007). These corrective experiences of receiving positive evaluation rather than the expected negative evaluation may allow individuals to alter their existing negative beliefs. This in turn may allow individuals to develop more realistic, adaptive thoughts about their disclosure, resulting in less anxiety and an increase in psychological well being.

Summary and Critique

In summary, stage of identity development, internalized homophobia, self-esteem, perceived social support, and the presence of cognitive distortions are hypothesized to correlate with an individual's ability to disclose rather than conceal their sexual orientation. Based on previous research, it has been found that individuals in latter stages of identity development are more likely to disclose their non-heterosexual orientation. Further more, individuals with less internalized homophobia are also more likely to disclose rather than conceal their identity and it should be noted that individuals in the latter stages of identity development are likely to have less negative feelings about their own homosexuality. Additionally, research has found that disclosure relates to well-being in that individuals whom disclose rather than conceal their stigmatized status often experience higher levels of self-esteem and more perceived social support. Finally, as hypothesized in this study, individuals presenting with more distortions of cognition are less likely to disclose their sexuality. Previous research has failed to evaluate the role

cognitive distortions may play in disclosure of a concealable stigma. The goal of this study is to therefore evaluate the role cognitions may play in disclosure decisions. Evaluating the impact cognitions has on disclosure of sexual identity may provide information to assist clinicians in treating individuals who are struggling with the “coming out” process.

Chapter Three: Hypotheses

This research evaluated whether stages of identity development, internalized homophobia, perceived social support, self-esteem, and cognitive distortions were predictive of the frequency of sexual identity disclosures and concealment. It was hypothesized that:

Hypothesis 1: The following independent variables, latter stage of identity development, lower internalized homophobia, more perceived social support, higher self-esteem, and lower presence of cognitive distortions will account for a statistically significant amount of the variance in the disclosure of sexual identity.

Hypothesis 2: The following independent variables, earlier stage of identity development, higher internalized homophobia, less perceived social support, low self-esteem, and higher presence of cognitive distortions will account for a statistically significant amount of the variance in the concealment of sexual identity.

Rationale: (Variable 1: Latter stages of identity development would be predictive of more frequent disclosure of sexual identity. Earlier stages of identity development would be predictive of more frequent concealment.)

Previous theories of identity development have been discussed and have addressed how the coming out or disclosing of ones' sexual identity is often part of a sexual minority's identity development. Although "disclosure" is not a necessity for reaching the final stages of identity development, it is often a characteristic associated with the latter stages of identity development (Cass, 1979; Troiden, 1989; McCarn & Fassinger, 1996).

Rationale: (Variable 2: Lower internalized homophobia will be predictive of more frequent disclosure of sexual identity. Higher internalized homophobia will be predictive of more frequent concealment of sexual identity.)

Self-directed prejudice known as internalized homophobia has been found to have a significant impact on disclosure of sexual identity. Many studies have found high levels of internalized homophobia to negatively impact disclosure of sexual identity. Internalized homophobia is related to less disclosure and more concealment in both gay men and lesbians (Herek et al. 1998; House, 2004; Lewis, Derlega, Griffin, & Krowinshi, 2003; McGregor, Carver, Antoni, Weiss, Yount, & Ironson, 2001), and has also been found to impact other aspects of the coming out process as well including behaviors such as posing as heterosexual, and lack of membership to a LGB group (Szymanski, Chung, & Balsam, 2001).

Rationale: (Variable 3: Higher perceived social support will be predictive of more frequent disclosure of sexual identity. Less perceived social support will be predictive of more frequent concealment of sexual identity.)

Prior research suggests that coming out removes the stress of keeping a secret, which in turn, can result in the formation of better relationships with ones' sexual partner (Beals & Peplau, 2001; Beals, Peplau, & Gable, 2009) and also leads to an increase in familial social support (Day & Schoenrade, 2000). Beals, Peplau, & Gable (2009) found perceived social to mediate the relationship between disclosure and well being suggesting that disclosure predicted well being because it was associated with feeling more supported by others. Conversely, it is also possible that when an individual perceives the

availability of social support they are more likely to disclose, reversing the causal direction.

Rationale: (Variable 4: Higher self-esteem will be predictive of more frequent disclosure of sexual identity. Low self-esteem will be predictive of more frequent concealment of sexual identity.)

Prior research suggest that acceptance of ones' own sexuality can often lead to an increase in self esteem and social identity (Sullivan & Wodarski, 2002). Peterson and Gerrity (2006) sought to examine the relationship between internalized homophobia, self-esteem, and lesbian identity development among 35 undergraduate women. Researchers found a significant positive relationship between identity stage and self-esteem suggesting that lesbians in the later stages of their identity development are likely to have higher self-esteem. Based on the findings of prior research, it can be suggested that individuals in the latter stages of identity development may be less likely to conceal their sexual orientation, in turn, showing an elevation in self-esteem.

Rationale: (Variable 5: Lower levels of cognitive distortion will predict more frequent disclosure of sexual identity. Higher levels of cognitive distortions will predict more frequent concealment of sexual identity.)

For social anxious individuals cognitive distortions often result in behavioral paralysis. Concealing one's sexual identity due to fear of negative evaluation is much like social anxiety. Individuals with social anxiety disorder often have inherent negative beliefs about themselves and others. They often view themselves as unacceptable to others, and others as critical and therefore likely to negatively evaluate them. In contrast, non-anxious individuals often view others as supportive and cooperative (Barlow, 2001).

The fear of being negatively evaluated often leads to avoidance and safety related behavior. Concealment of sexual identity is an avoidance behavior and is likely to be correlated with the presence of cognitive distortions.

Hypothesis 3: Of the five independent variables, degree of internalized homophobia will be most predictive of disclosure of sexual identity.

Hypothesis 4: Of the five independent variables, degree of internalized homophobia will be most predictive of concealment of sexual identity.

Rationale:

Internalized homophobia is likely to be present in the earlier stages of identity development. It is suspected that a decrease in internalized homophobia assists one's progression through stages of identity development, helping facilitate movement into the latter stages of development. In contrast if internalized homophobia is high individuals have difficulty synthesizing their homosexual identity into their overall identity.

Therefore internalized homophobia directly impacts identity development. Additionally, lower levels of internalized homophobia are associated with higher self-esteem and more perceived social support. Therefore it is hypothesized that internalized homophobia effects the other variables presented in the study and is likely to be the most influential variable regarding identity disclosure and concealment.

Chapter Four: Method

Overview of the Study

Homosexual individuals face critical daily choices surrounding whether or not to disclose or conceal their sexual identity, especially in light of possible discrimination, violence, and rejection. Research has shown that self esteem, internalized homophobia, and identity development play a role in the disclosure of sexual identity (Beals, Peplau, & Gable, 2009; Peterson & Gerrity, 2006). Studies have found when internalized homophobia decreases, self esteem, social support, level of identity disclosure, and sense of belonging to the gay community increases (Herek, cogan, Gillis, & Glunt, 1997; Peterson & Gerrity, 2006). Additionally, it has been suggested that when individuals conceal a stigma, they become self conscious and expect to be negatively evaluated by others (Pachankis, 2007). However, little to no research has been conducted pertaining to whether or not fears associated with identity disclosure are based on cognitive distortions or actual negative consequences.

The purpose of the present study was to examine whether the choice to conceal or disclose one's sexual identity was associated with the presence of cognitive distortions about negative consequences of disclosure or was based on actual discriminatory experiences. Decisions regarding not only the coming out process but also decisions surrounding daily disclosure of sexual identity were evaluated. The present study also examined whether or not stages of identity development, internalized homophobia, perceived social support, self-esteem, and cognitive distortions were predictive of the frequency of sexual identity disclosures and concealment.

Design and Justification

The design of the present study is a non-experimental correlational design used to look at the following predictor variables, cognitive distortions, self-esteem, internalized homophobia, social support, stages of identity development and the outcome variable of disclosure of sexual identity. A correlational design with a regression analysis was used because the researcher is evaluating whether or not a relationship exists between variables and whether or not the independent variables are predictive of the dependent variable. There were no causal attributions made. The study used questionnaires and self reports to gather information regarding participants.

Participants

Two-hundred and forty individuals were recruited to participate in the study; however only one-hundred and twenty eight responses were considered while one-hundred and four respondents were eliminated due to either not meeting criteria or incomplete data. All participants in the study identified as gay men or lesbian. The sample included individuals aged 18 and older. The sample was comprised of 80% (N=102) female and 20% (N=18) male respondents. Most of the participants reported residing in the Northeast 90% (N=116), in suburban 40% (N=52) and urban 55% (N=71) areas. A majority of the participants reported having some college education 37% (N=48) having received a four-year college degree and 28% (N=36) reported having either a masters or professional degree. The racial makeup of the participants was mostly Caucasian, with 83% (N=106) identifying as European/Caucasian.

Inclusion/Exclusion Criteria

Inclusion: Gay men and lesbians between the age 18 and older. Individuals were competent to read English at the eighth grade equivalency.

Exclusion: Heterosexual, Bisexual, and Transgendered individuals.

Screening: The initial information distributed about the study clearly stated the inclusion criteria. Individuals were asked to self select if they meet these criteria and proceed to participate. As a safeguard that participants met the age requirement they needed to indicate that they are indeed 18 years of age before they could proceed to the detailed information about the study. Prospective participants also complete a demographics form asking their sexual orientation. Participants were asked to choose one of the following: heterosexual, gay, lesbian, bisexual, transgendered, other. Only those who identified as gay or lesbian were included in the study.

Recruitment

The snowballing technique was used to recruit subjects. This method is used when the desired sample characteristic is rare. It is used with populations that are difficult to access in research due to their characteristics. Examples of these hidden samples may include: sexual minorities, drug abusers, or prostitutes. Snowball sampling relies on referrals from initial subjects to generate additional subjects. While this technique may be cost effective, it often introduces bias because the technique itself reduces the likelihood that the sample will represent a good cross section from the population. For purposes of this study, initial participant's email addresses were recruited from internet sites that serve the gay and lesbian population as well as Facebook, and email list servers. The initial participants were asked to forward along a cyberlink to individuals that they know

who also identify as gay or lesbian. This process was continued with existing participants recruiting new participants for a period of three months.

Plan for Informed Consent

No informed consent was needed, however participants were asked to electronically acknowledge that they have read the purpose of the study in addition to any associated risks. Participants were asked to select an icon stating that they have read and accepted the information and are at least 18 years or older. Participants remained completely anonymous and untraceable throughout participation in the study.

Measures

Demographics questionnaire.

A demographics questionnaire was used to obtain descriptive information about the participants. This questionnaire contained questions surrounding age, gender, race, highest level of education completed (grade school, highschool or GED, 2 year college, 4 year college, post graduate school, professional school), sexual orientation, whether they have ever been a victim of discrimination or violence because of their sexual orientation, and degree of "outness". In terms sexual orientation participants were asked to identify themselves in terms of one of the following: heterosexual, questioning their sexuality, bisexual, gay, lesbian, or transgender. Only participants identifying exclusively as a gay male or lesbian were used in the sample. To assess for degree to outness participants were asked whether or not their mother or father knew about their sexual orientation and, if so, if they had an open discussion directly with their parent regarding their sexual orientation. Respondents' level of outness to non-family members was also assessed including: heterosexual friends, heterosexual acquaintances, and, if applicable,

coworkers, work supervisors, and school peers. Respondents were asked described their degree of outness using a 4-point scale: *out to none of them, out to some of them, out to most of them, out to all of them.*

Daily disclosure of sexual orientation.

Participants were asked to complete a retrospective survey regarding whether they had disclosed their sexual identity over the last 2 weeks, with whom they shared their orientation, and the where the exchange occurred.

Daily concealment of sexual orientation.

Participants were asked to complete a retrospective survey regarding whether they had concealed their sexual identity over the last 2 weeks, with whom this concealment occurred, and the where the exchange occurred.

Rosenberg Self-Esteem Scale (SES)

The Rosenberg Self-Esteem Scale was developed by Rosenberg (1979) (as cited in Bos et. al, 2008) and is a brief measure of global self-esteem. The SES is a 10-item self-report measure that consists of statements related to overall feelings of self-worth. Participants are asked to answer questions on a 4-point Likert scale, with responses ranging from 1 (= strongly agree) to 4 (= strongly disagree). Sample items include “I feel that I have a number of good qualities” and “I feel that I do not have much to be proud of.” The SES has Cronbach alphas of .85 and .88 suggesting adequate internal reliability. It has also been found to have good predictive, concurrent, and construct validity (Rosenberg, 1979). Many studies have used the SES with gay male and lesbian research participants (Peterson & Gerrity, 2006; Beals, Peplau, & Gable, 2009).

Internalized Homophobia Scale (IHP-R)

The IHP-R is a shortened version of the original Internalized Homophobia Scale (IHP) (Herek et al., 1998). This is a self report measure, whose items were derived from the DSM-III_R diagnostic criteria for ego-dystonic homosexuality (American Psychiatric Association, 1980) and which assesses an individuals' attitude toward their own sexual orientation. Sample items include "I have tried to stop being attracted to women in general" and "I wish I weren't lesbian/gay." The original IHP scale was developed for administration to gay men. The new IHP-R has been developed to appropriately assess bisexuals, lesbians, and gay men. Internal reliability for the IHP-R scale was $\alpha = .82$ and scores were highly correlated with the original IHP for all groups (all $r_s > .90$) (Herek, Gillis, and Cogan, 2009).

The Gay Identity Questionnaire (GIQ)

The GIQ (Brady & Busse, 1994) is an assessment of the stage of identity development which was derived from tenets of Cass's (1979) homosexual identity formation model. This is a brief measure consisting of 45 true-false items that allows researchers to identify gay men and lesbians in the stages of homosexual identity formation. True responses are added and the stage receiving the most points is deemed best fit. There is not reliability or validity data available for the first two stages of identity development; however, stages three through six have received inter-item reliability estimates between .44 and .78. Sample items include "I have feelings I would label as homosexual" and "I am very proud to be gay and make it known to everyone around me." This measure has adequate validity for use with gay men in the latter stages of

identity development and for lesbians reliability for the GIQ is moderate with a Cronbach alpha of .69 (Peterson & Gerrity, 2006).

Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS is a 12 question self-report measure designed to measure perceived support from friends, family members and significant others (Zimet, 1988). The questionnaire measures overall perception of social support and has three subscales that measure specific support related to friends, family, and significant others. The questions regarding significant others are worded as “special person” to allow respondents to interpret this as it pertains to them, such as romantic partner, friend, teacher, or any valued person in one’s life (Canty-Mitchell & Zimet, 2000). Example items include “I get the emotional support I need from my family” and “There is a special someone around when I am in need.” The response format is a seven-point Likert scale, ranging from very strongly disagree to very strongly agree. Reliability and validity have been established across multiple populations and this measure has been used with LGB individuals (Hefner & Eisenberg, 2009; Pachankis & Goldfried, 2010). Pachankis and Goldfried (2009) report Cronbach’s alpha at .86 with use on the LGB population and Canty-Mitchell and Zimet (2000) found reported a Cronbach alpha of .93 in a study of urban adolescents. This measure appears to be a reliable and valid measure.

Inventory of Cognitive Distortions (ICD)

The inventory of Cognitive Distortions (ICD) developed by DiTomasso and Yurica in (2001) is a 69-item self-report inventory designed to measure 11 specific cognitive distortions. Sample items include “I feel like a fortune teller, predicting bad things will happen to me” and “without even asking I think other people see me in a

negative light.” Items are scored on a five-point Likert scale ranging from 1 (never) to 5 (always). Elevated scores indicate more distorted cognitions whereas lower scores indicate less distortion in cognition. The ICD has sound reliability and validity. Test-retest reliability for this measure is .998 and the measure has been found to differentiate clinical patients from controls ($F=15.2$, $df=169$, $p <.0001$) and has also been found to correlate with other measures such as the Beck Depression Inventory ($r=.70$, $N=161$, $p <.0001$) (Yurica, 2002).

Procedures

1. Participants were recruited from the social networking site Facebook, internet sites serving the gay and lesbian population, and email list serves. Potential participants were sent an email and asked to participate in the study. Included in the email was information regarding the nature of the study and information regarding the time commitment involved. Those interested participants were asked to click on a link included in the email.

2. After accessing psychdata participants were first taken to a page that asked them to verify their age. If participants indicated they were 18 years of age or older and were willing to proceed to participate they were able to proceed with the survey. Participants then completed the demographics questionnaire, along with the SES, IHP-R, GIQ, MSPSS, and the ICD.

Chapter Five: Analytic Plan

Strategy

Hypothesis 1: The following independent variables, latter stage of identity development, lower internalized homophobia, more perceived social support, higher self-esteem, and lower presence of cognitive distortions will account for a statistically significant amount of the variance in the disclosure of sexual identity. A regression analysis will be used to explore the relationship between the independent variables and the dependent variable. The goal is to estimate the effect that each independent variable has on the disclosure of sexual identity.

Hypothesis 2: The following independent variables, earlier stage of identity development, higher internalized homophobia, less perceived social support, low self-esteem, and higher presence of cognitive distortions will account for a statistically significant amount of the variance in the concealment of sexual identity. A regression analysis will be used to explore the relationship between the independent variables and the dependent variable. The goal is to estimate the effect that each independent variable has on the concealment of sexual identity.

Hypothesis 3: Of the five independent variables, degree of internalized homophobia will be most predictive of disclosure of sexual identity. A regression analysis will be used to explore the relationship between the independent variables and the dependent variable. The goal is to evaluate which independent variable has the most effect on the disclosure of sexual identity.

Hypothesis 4: Of the five independent variables, degree of internalized homophobia will be most predictive of concealment of sexual identity. A regression

analysis will be used to explore the relationship between the independent variables and the dependent variable. The goal is to evaluate which independent variable has the most effect on the concealment of sexual identity.

Chapter Six: Results

General Background Information

Of the 128 participants, 56% (N=72) reported disclosing their sexual identity within the past two weeks, while 21%, (N=27) reported concealing their sexual identity within the last two weeks. There was some overlap in report because of those 56% reporting disclosure some of these individuals also reported concealment (N=13). Additionally, of the 128 participants, 33% (N=42) reported neither disclosing or concealing their identity within the past two weeks.

The dataset produced by Survey Monkey held an original 240 records. However, after inspection of the data, it was revealed that 104 of the participants had to be excluded due to significant amounts of missing data, (N=46) only answered the first question then stopped participating, (N=29) fatigued during the study, with some participants beginning the survey but not completing the survey therefore being excluded due to the amount of missing data. Additionally, (N=29) did not meet criteria for study inclusion because they did not identify exclusively as homosexual. Of the 136 remaining records, (N=8) were excluded because they identified in more than one stage of the Gay Identity Questionnaire. In the remaining records (N=128), there was a small number of missing responses, with seven missed responses being the most. Therefore, mode imputation was used separately for each missing variable to make the responses complete.

Background Characteristics of the Participants

The sample was comprised of 80% (N=102) female and 20% (N=26) male respondents. Most of the participants reported residing in the Northeast 90% (N=116), in suburban 40% (N=52) and urban 55% (N=71) areas. A majority of the participants

reported having some college education 37% (N=48) having received a four-year college degree and 28% (N=36) reported having either a masters or professional degree. The racial makeup of the participants was mostly Caucasian, with 83% (N=106) identifying as European/Caucasian.

Analysis

A separate logistic regression was used for each of the two outcome variables. A logistic regression is a regression model that is used when the outcome variable is categorical and the predictor variables are either categorical or continuous (Fields, 2009). Critical to the interpretation of the logistic regression is the numeric value of the odds ratio. The odds ratio indicates the change in odds resulting from the change in the predictor and is represented by (EXP (B)). In the odds ration, if the value is greater than one it suggests that as the predictor increases, the odds of the outcome also increase (Fields, 2009). In other words, this estimates the change in odds of association in the target group as the predictor increases by a unit.

First, the demographic questions (e.g., gender, race, educational background, region, and degree of outness) were used as control variables in the regression analysis. Additionally, demographic variables were evaluated to see whether or not they were predictive of the dependent variables. The criterion for significance was set at the level of .05 ($p < .05$). In the initial exploration, the five independent variables were held as continuous except for the Gay Identity Stage. This was analyzed as categorical throughout because the increment going from one stage to another is not continuous, for example there is no stage 4.5. In the initial exploration when four of the five variables were held as continuous, no statistical significance was found (see Tables 6.1 & 8.1)

therefore three of these variables were converted into categorical for the final analysis (see Tables 7.1 & 9.1).

The four variables are by nature continuous, however they were converted to categorical based on the following cut-offs: Internalized Homophobia Scale: 0=No, 1-9=Yes; Self-Esteem: 0-14=Low, 15-25=Normal, and 26-30=High; Social Support: 1-3.4=Low, 3.5-4.4=Neutral, 4.5-7=Normal. Furthermore, the Gay Identity stage was further reduced to the following categories: Stages 1,2,3, and 4=Low, and Stages 5 and 6=High. With regard to stage of identity development, all participants in the study fell into stage 4 or above therefore there were no participants in stages 1-3. The stages were collapsed in such a way to evaluate 4 versus 5 and 6. The Inventory of Cognitive Distortions continued to be held as a continuous variable throughout examination due to the lack of information available on categorization of scores.

The *Internalized Homophobia Scale (IHS)* did not significantly predict disclosure or concealment as expected, the log odds value for concealment was -0.28 ($p=0.65$); for disclosure it was 0.45 ($p=0.33$). In prior research, Herek, et al. (1998), suggests that respondents who positively endorsed even one item with “agree” or “strongly agree” are to be considered a high *IHS* scorer. For purposes of this study, the questions were posed as “True/False” with “False” being coded as 0 and “True” being coded as 1. Therefore, for categorical purposes scores were treated in one of two categories, 0=No, 1-9=Yes. For the current sample, at the 95th percentile, the highest endorsed score was a “2” and at least 75% of the sample scored a “0” on this measure indicating a low presence of internalized homophobia within the sample population. Only 31 of the 128 participants endorsed a score of “1” or higher, with the highest score endorsed being a “6”.

The *Self-Esteem Scale (SES)* did not significantly predict disclosure or concealment as expected, the log odds value for concealment was -0.27 ($p=.67$); for disclosure 0.09 ($p=0.84$). The SES scale was broken down categorically in terms of the following categories: Low=0-14, Normal =15-25, and High 26-30 (Norton College, 2001). For the current sample, less than 5% of participants scored below a “15” indicating that a very small percentage of the population participating in the study endorsed experiencing low self-esteem. Additionally, more that 50% of the sample endorsed scores of 25.5 or greater, suggesting that the current population endorsed scores indicating adequate self-esteem.

The *Multidimensional Scale of Perceived Social Support (MSPSS)* was categorized based on the following numbers and rationale. For this particular scale no information could be obtained on how to convert the scale into categories. Based on the measure, the endorsement of scores 5,6,7 suggest perceiving some social support, while score 4 indicates neutral which in this case is considered lack of endorsement of support, and scores 1,2,3 endorse perception of lack of social support. Due to the scoring properties of the scale and the ability to score in between whole numbers such as 4.5, the following categorization was established, 1-3.4= Low, 3.5-4.4=Neutral, 4.5-7=Normal.

Upon analysis, statistical significance was not found for concealment when comparing the “low” perceived social support to the “high” perceived social support group, with regard to concealment. However, when the “neutral” group was compared to the “high” group, statistical significance was found. Being in the neutral group resulted in a 1.77 increase in the log odds ratio of Concealment ($p=0.03$) and the corresponding odds ratio is (Exp (B)=5.845, C.I.=1.239-27.566). These results suggest that the

likelihood to conceal increases for those endorsing neutral responses to perceived social support as opposed to those indicating perceiving adequate social support. For disclosure, no statistical significance was found with the log odds value being $-.05$ ($p=0.95$). For the present population of participants more than 50% of the sample endorsed scored either a “6” or “7” on this scale suggesting that over 50% of the sample population perceived having adequate social support.

The *Inventory of Cognitive Distortions (ICD)* was held as a continuous variable throughout analysis due to lack of information on how to categorize responses. Prior studies have offered little information on the translation of scores with regard to their numerical meaning however, Yurica (2001), used this measure in a clinical study and found that scores of 138 were normal for a control group whereas the outpatient population sample had a mean score of approximately 182. In the current study, ($M=168.64$, $SD=37.32$) suggests that at least 50% of respondents scored above a 165.5 on this measure. Compared to Yurica’s (2001) research, mean score in the current study would indicate a higher frequency of cognitive distortions. Analysis for both concealment and disclosure was not significant with log odds value for concealment being 0.00 ($p=0.72$); for disclosure 0.00 ($p=0.91$). Results suggest that frequency of cognitive distortions was neither predictive of disclosure or concealment for the current sample population.

Stage of Gay Identity Development (GIQ) was held as a categorical variable throughout the analysis based on its categorical nature. It was further categorized with stages 1,2,3,4=Low and stages 5,6=High. None of the participants in the study endorsed being in stages 1,2, or 3 and 88% of the sample population indicated being in Stage 6 of

identity development. Stage of identity development was found to be significant for both concealment and disclosure. Being in stage 1,2,3, or 4 resulted in a 2.39 increase in the log odds of Concealment ($p=0.01$) with a corresponding odds ratio of (EXP (B))=10.92, C.I.=1.957-60.945). Results suggest that being in a lower stage of identity development increases the likelihood of concealment. For disclosure, being in stages 1, 2, 3, or 4 resulted in a 2.03 decrease in the log odds of Disclosure ($p=0.01$) and the corresponding odds ratio is (Exp (B))=0.131, C.I.=0.028-0.627). The results suggest that the likelihood to disclose decreases for someone who is in stages 1,2,3, or 4 of identity development versus stage 5 and 6.

Finally, *Degree of Outness Toward Co-Workers*, which was a demographic variable was found to be statistically significant for concealment but not for disclosure. Individuals with a lower degree of outness toward coworkers were found to be more likely to conceal with a log odds ratio of -0.60 ($p=0.01$) and a corresponding odds ratio of (Exp (B))=0.548, C.I.=0.339-0.886). No other demographic variable was found to predict either concealment or disclosure.

When variables in the regression analysis are not significant, the researcher will want to drop these independent variables from the model. Stepwise regression is used in the exploratory phase of research but it is not recommended for theory testing (Menard 1995). Exploratory testing makes no a-priori assumptions regarding the relationships between the variables, thus the goal is to discover relationships. Backward stepwise regression is the preferred method of exploratory analyses, where the analysis begins with all of the independent variables but variables are eliminated from the model when they are found to produce no significance in terms of prediction of the dependent

variable. After variables are eliminated, the fit of the model is tested to ensure that the model still adequately fits the data. When no more variables need be eliminated from the model, the analysis has been completed. In the current study all of the variables were initially included in the regression, however for the final analysis, several predictors were dropped from both of the models when initial evaluation did not find statistical significance.

Hypothesis 1: It was tested whether or not an individual's latter stage of identity development, lower internalized homophobia, more perceived social support, higher self-esteem, and lower presence of cognitive distortions would account for a statistically significant amount of the variance in the disclosure of sexual identity. The odds ratio (represented by Exp (B)) and coefficient value were used to interpret the predictive value in this model because in logistic regression the interpretation of predictor b-coefficient lacks a meaningful metric (Field, 2009). Within the model for disclosure, the only variable found to be significantly predictive of disclosure was stage of gay identity development. Being in stages 1, 2, 3, or 4 resulted in a 2.03 decrease in the log odds of Disclosure ($p=0.01$) and the corresponding odds ratio is (Exp (B)=0.131, C.I.=0.028-0.627). The results suggest that the likelihood to disclose decreases for someone who is in stages 1,2,3, or 4 of identity development versus stage 5 and 6 (see Tables 3 &4). For participants in stages 1,2,3, or 4, the odds of disclosure are 0.131 times less large, then compared to participants in either stage 5 or 6. Due to wide confidence limits in the odds ratio we can infer that the study may not have been robust enough. The remaining variables in this model were not statistically significant (see Tables 4.1 & 5.1).

Hypothesis 2: The following independent variables, earlier stage of identity development, higher internalized homophobia, less perceived social support, low self-esteem, and higher presence of cognitive distortions will account for a statistically significant amount of the variance in the concealment of sexual identity. Within the model for concealment, the variables found to be significantly predictive of concealment were stage of gay identity development, perceived social support, and degree of outness toward co-workers. Being in stages 1, 2, 3, or 4 resulted in a 2.39 decrease in the log odds of Disclosure ($p=0.01$) and the corresponding odds ratio is ($\text{Exp}(B)=10.92$, $\text{C.I.}=1.957-60.945$). The results suggest that the likelihood to conceal increases for someone who is in stages 1,2,3, or 4 of identity development versus stage 5 and 6. For participants in stages 1,2,3, or 4, the odds of concealment are 10.92 times as large, as compared to participants in either stage 5 or 6.

For perceived social support, being in the neutral group resulted in a 1.77 increase in the log odds ratio of Concealment ($p=0.03$) and the corresponding odds ratio is ($\text{Exp}(B)=5.845$, $\text{C.I.}=1.239-27.566$). These results suggest that the likelihood to conceal increases for those endorsing neutral responses to perceived social support as opposed to those indicating perceiving adequate social support. For participants indicating neutral social support the odds of concealment are 5.845 times as large, when compared to individuals who report having adequate social support.

Finally, lower degree of outness toward co-workers was predictive of more concealment. Participants who endorsed low degrees of outness toward co-workers resulted in a 0.60 increase in the log odds ration of Concealment ($p=0.01$) with a corresponding odds ration of ($\text{Exp}(B)=0.548$, $\text{C.I.}=0.339-0.886$). For individuals

endorsing a low degree of outness toward their co-workers, the odds of concealment are 0.548 times as large, when compared to individuals who report high degree of outness toward co-workers (see Tables 2.1 & 3.1).

Hypothesis 3: Of the five independent variables, degree of internalized homophobia will be most predictive of disclosure of sexual identity. This Hypothesis was not supported because degree of internalized homophobia was not found to be significant.

Hypothesis 4: Of the five independent variables, degree of internalized homophobia will be most predictive of concealment of sexual identity. This Hypothesis was not supported because degree of internalized homophobia was not found to be significant

Chapter Seven: Discussion

The objective of this study was to investigate what variables including demographic information would best predict both the disclosure and concealment of sexual orientation. The models for each outcome variable were tested separately.

Concealment and Disclosure of Sexual Orientation

Homosexual individuals face critical daily choices surrounding whether or not to disclose their sexual orientation, especially in light of possible discrimination, violence, and rejection. Research suggests that concealment of stigmas such as sexual orientation may lead to a significant number of stressors including anxiety about being found out, isolation from others, and detachment from the true self (Pachankis, 2007). Therefore concealment of a stigma can have a negative impact on one's psychological well being. In contrast to concealment, it has been found that when homosexuals choose to disclose their sexual orientation they experience moderate to high levels of psychological well being (Pachankis, 2007; Beals, Peplau, & Gable, 2009).

The current study evaluated variables that may impact the decision to either disclose or conceal one's sexual orientation on a regular basis. The current study found that 56% of participants reported disclosing their sexual orientation within the past two weeks, while 21%, reported concealing their sexual orientation within the last two weeks. Of the remaining sample, 33% reported neither disclosing nor concealing their orientation within the past two weeks.

A small number of respondents reported both disclosing and concealing their orientation (N=13) within the past two weeks. This is important because in the current study these two outcome variables are not distinctly opposite constructs. It must be

clarified that disclose and concealment may overlap in many ways. In some instances people may be comfortable making disclosure, whereas there may be instances where those same individuals are fearful of disclosing and choose to conceal. The workplace seems to be a place where many individuals in the current study chose to conceal their sexual orientation, despite being open about their orientation in other environments.

This study used theoretically derived variables to examine their usefulness in understanding and predicting factors that may impact the choice of whether to disclose or conceal one's sexual orientation. Demographic variables were also evaluated with regard to their impact on concealment and disclosure.

Identity development

Gay and Lesbian individuals have a unique developmental process due to the expectation of acculturation into a heterosexual society. For homosexual individuals developing a sense of orientation is often referred to as "coming out" (Halpin & Allen, 2004). For purposes of this study, Cass's (1979) model of developmental stages of orientation development was explored using the Gay Orientation Questionnaire (Brady & Busse, 1994). Prior research in the area has found that individuals in the latter stages of orientation development (i.e. stages 5 & 6) report lower levels of internalized homophobia and therefore exhibit a healthier orientation formation (Mildner, 2001; Piggot, 2004; Fingerhut, Peplau, and Ghavanni, 2005.)

One of the purposes of this study was to investigate if stage of identity development could predict whether study participants would be open regarding their sexual orientation. The expectation was that those individuals in the latter stages would exhibit a healthier identity formation and therefore be more likely to make disclosures

about their sexual orientation. Results indicated that individuals who fell into stages 5 & 6 of Cass's stage of identity development were more likely to disclose their sexual orientation and less likely to conceal their orientation as compared to individuals who were in stage 4 of identity development. This was the only variable that was consistently significantly predictive of either disclose or concealment throughout the current study. It should be noted that in this study, 88% of participants identified being in Stage 6 of orientation development and the lowest stage that any participant was found to be in was stage 4. This suggests that most of the participants in this study have successfully achieved a healthy orientation development.

Internalized homophobia

Internalized homophobia was another variable evaluated in the current study. Historically, internalized homophobia has been correlated with identity formation, disclosure of sexual orientation, and psychological well being (Szymanski, Kashubeck-West, & Meyer, 2009). Sexual identity models suggest that internalized homophobia is a construct that most LGB person's experience on their journey toward developing a positive sense of self and acceptance of his or her sexual orientation. In the current study it was hypothesized that high levels of internalized homophobia would be predictive of more frequent concealment and less frequent disclosure. Additionally, it was hypothesized that of all the variables being evaluated, internalized homophobia would account for the most variance in the outcome variables. These hypotheses, however, were not supported in the current study. Internalized homophobia was not found to be predictive of either disclosure or concealment in the current study.

These results are most likely explained by the fact that 99% of study participants scored at a 4 or below on the internalized homophobia scale (IHS); in other words only thirty one participants endorsed experiencing internalized homophobia and only three of the participants earned a score of 4 or higher on the IHS scale suggesting high levels of internalized homophobia. Additionally, the one individual in the entire study who earned a score of 6 on the IHS, which is a significantly high score on this measure and suggests a high level of internalized homophobia, also fell into Stage 4 of identity development, scored low on the self-esteem measure, indicated little to no perceived social support, and scored relatively high on the ICD.

A majority of the present sample was found to be in Stage 6 of orientation development. Again, as previously mentioned, studies involving both gay men and lesbians support the notion that individuals with higher levels of internalized homophobia have lower levels of identity development, suggesting that internalized homophobia is more evident in the earlier stages of identity formation (Szymanski, Kashubeck-West, & Meyer, 2008). Because participants in this study are in the latter stages of development, internalized homophobia does not seem to be impacting these individuals.

Social support

Another variable evaluated for its impact on disclosure and concealment in the current study is perceived social support. Prior research has found that removal of concealing a secret can strengthen relationships and lead to an increase in social support (Beals & Peplau, 2001; Beals, Peplau, & Gable, 2009; Day & Schoenrade, 2000). In a prior study, Beals, Peplau, and Gable (2009) evaluated factors impacting the relationship between self-disclosure and well being. Of the factors examined, they found perceived

social support to be the most significant predictor of well being and secondly they found disclosure was strongly correlated with perception of social support.

The current study found similar results with 50% of participants reported perceiving the presence of adequate social support. Individuals reporting a neutral amount of social support as opposed to a high level of perceived social support were found to be more likely to conceal their sexual orientation. However, there was no statistical significant found between disclosure itself and social support.

Self-esteem

Self-esteem is another variable that has been closely looked at with regard to the psychological well being of LGB individuals. Previous studies suggest that internalized homophobia and identity development may impact self-esteem (Beals & Pelau, 2005; Peterson & Gerrity, 2006). It has also been suggested that acceptance of one's own sexuality can often lead to an increase in self esteem (Sullivan and Wodarski, 2002.)

In the current study self-esteem was evaluated to see whether or not it was predictive of either disclosure or concealment with the sample population. Results found that there was no predictive relationship between self-esteem and disclosure or concealment. While no relationship was found, it is important to point out that within the current sample, less than 5% of participants fell in the low self-esteem range. Conversely, 95% of the participants in the current study scored within the normal to high range on self-esteem. The sample size may have been too small to detect statistically significant variance due to the small percentage of individuals in the below average range.

The current study did support prior research in the area with regard to the nature of the relationship between self-esteem and stage of identity development. In the current study, 88% of all participants were found to be in Stage 6 of orientation development and 95% of participants were in the normal to above average range of self-esteem. This trend has been seen in previous studies as well. Halpin and Allen (2004) evaluated the stage of homosexual orientation development in relation to psychological well being and found that in their study, gay men in the later stages of “pride and synthesis” (Stage 6) were marked by a rise in psychological well being and reported elevated self-esteem and happiness.

Cognitive distortions

To date there has been no research which has evaluated the impact that cognitive distortions may have on the decision of whether to disclose or conceal sexual orientation. Prior research in the area of stigma concealment with other populations has evaluated the impact that concealing a stigma has on one’s cognitive processes. Research suggests that concealment of a stigma may result in negative thought patterns such as fear of negative evaluation and self-consciousness (Pachankis, 2007). The cognitive model suggests that a pattern of fear of negative evaluation by others can be a cognitive distortion. The goal in the current study was to see whether or not individuals with a higher frequency of cognitive distortions were more likely to conceal their sexual orientation and conversely whether those individuals with a lower frequency of distorted thinking were more likely to disclose their sexual orientation. Neither of the hypotheses were supported. Frequency of cognitive distortions was not predictive of whether or not someone disclosed or concealed their sexual orientation.

This variable should be investigated further within a population that has not successfully navigated the “coming out” process and which has not become fully integrated in terms of identity development (e.g. a younger population). A large portion of respondents in the current study already report being in Stage 6 of Cass’s (1979) identity development which is characterized by openness about sexuality, happiness with one’s self, recognizing that being a homosexual is not the most important part of the self, and mixing socially with both homosexual and heterosexual individuals. Individuals in Stage 6 are often integrated and realize that their sexual orientation is only one aspect of the self. Based on the level of acceptance that accompanies this stage, it is likely that individuals in Stage 6 are less likely to experience fear surrounding disclosure. Individuals in the latter stages of orientation development may have had what Pachankis (2007) refers to as corrective experiences, the processing of information contrary to their existing belief that others will reject them.

These individuals may have had prior disclosure experiences that may have allowed them to receive positive feedback from others regarding their orientation, enhancing positive feedback and positive self-evaluation. It has been suggested that receiving positive feedback often motivates individuals to align their hidden self with their present self (Pachankis, 2007). These corrective experiences of receiving positive evaluation rather than the expected negative evaluation may allow individuals to alter their existing negative beliefs.

Additionally, it is important to consider personal history when evaluated cognitive distortions because in fact, some distorted thinking may be based on prior occurrence of similar events. For example an individual may fear future events based on a prior

negative experience even though the event may never repeat itself. This is still considered distorted thinking, although qualitatively different from someone who holds the same fear without having ever experienced a prior negative event. The impact prior negative experiences have on disclosure/concealment should continue to be evaluated in future research. In the current study, past incidents of victimization or discrimination based on sexual orientation was not predictive of disclosure/concealment, however prior discrimination/victimization may impact other populations differently and may influence decisions surrounding the disclosure of sexual orientation.

Degree of outness toward co-workers

Of the many demographic variables evaluated in the current study, degree of outness toward co-workers was the only variable found to predict some degree of concealment. Individuals with a lower degree of outness toward their co-workers were found to be more likely to conceal their sexual orientation. In the current study, participants were asked to elaborate on disclosure/concealment experiences within the past two weeks. Specifically they were asked “with whom did you hide your orientation from and where did this occur.” A significant number of participants reported concealing their sexual orientation at work or from a co-worker. For example, one participant reported “from my co-workers and boss, occurred at work”, another reported “my new boss and coworker. I don't yet feel comfortable enough to share my orientation with two older straight men. I plan on doing so at some point.” Themes of concealment in the work place were noticed throughout the survey upon reviewing the qualitative responses.

Prior research has found similar patterns regarding work place disclosure of a concealable stigma such as sexual orientation. Decisions regarding workplace disclosure have been identified as one of the most stressful career challenges faced by LGBT employees (Ragins, 2004). In one study, D'Augelli and Grossman (2001) found that 75% of their participants reported being attacked or threatened as a result of disclosing their sexual orientation in the workplace.

Ragins, Singh, and Corrwel (2007) evaluated antecedents that affect workplace disclosure and found that employees were less fearful and more likely to disclose their sexual orientation when they perceived their work environment as supportive. Interestingly, they also found that employees who perceived having a past experience with sexual orientation discrimination in the workplace were more fearful of current disclosure but also disclosed more frequently in their current positions.

The findings in the current study showed a slightly different pattern. Participants were asked about prior experience with victimization and although 32% of the respondents in the current study reported having a prior experience as a victim of discrimination due to sexual orientation, prior victimization did not affect disclosure or concealment within this population. So unlike Ragins, Singh, and Cornwell's (2007) study, where past victimization increased disclosure, the current study found no connection between past discrimination and either an increase or decrease in disclosure. As Ragins, Singh, and Cornwell (2007) point out, fear relating to the disclosure of a concealable stigma such as sexual orientation has not been empirically assessed but these research topics offer promising understanding into the experiences of LGBT individuals.

Clinical Implications

The findings that lower levels of perceived social support and degree of outness toward coworkers have utility in the prediction of concealment have important clinical implications. Also, findings that stage of identity development is predictive of both concealment, and disclosure has important clinical implications. Clinicians can utilize this information to assist LGBT clients with successful navigation of the development process. Providing LGBT clients with information on what has helped others successfully navigate angst surrounding disclosure of their identity in a psychoeducation format may be helpful. Also clinician may be able to help LGBT clients enhance perceived social support by getting clients to engage in behavioral activation activities that lead to building social support amongst peers and family.

Knowing that LGBT individuals in stage five and six of identity development are more open about their sexuality and less likely to conceal, provides information in the direction of where clinicians would like to see their clients moving. Assisting clients with building a positive self concept and owning their identity can assist LGBT client in moving along the stages of identity development. It may also be helpful to review stages with clients and ask client to identify the stage they are in as well as the stage they would like to get to. Providing clients with simple education may be an invaluable tool. Additionally, with knowledge regarding the impact of social support as well as openness in the work place, it is clear in what direction we as a society need to move in to support LGBT individuals. Allies of the LGBT community from legislatures to family and friends play an important role in lives of LGBT individuals and impact their quality of life in many ways.

The impact of concealing a non-visible stigma needs to be communicated to society in order to empowering and education society at large regarding the struggles and protective factors for LGB individuals. Findings of the current study as well as other research (Ragins, Singh, & Cornwell, 2007) suggests that the perception of LGB individuals having supportive friends, family, and coworkers may help alleviate fears surrounding disclosure, which in turn will allow LGBT individuals to be honest about their true identity, which will allow for better quality of life.

Limitations

The results of the current study may be limited due to some statistical, measurement, and theoretical considerations. The most significant limitation of the current study is the sample itself. The present sample, although not small in number, was significantly skewed. A majority of sample was already in the latter stages of identity development and as a group indicated being open about their sexual orientation. Due to sampling procedures, a majority of the respondents were from the Northeast and had ties to the gay and lesbian community.

This limited the range of potential variation amongst respondents with regard to socio-demographic variables and predictor variables, which reduced the power needed to detect significant results. As a result some continuous variable were transformed into categorical variables in order to test for differences in groups. Some variables that have been found to be predictive in past research, such as internalized homophobia, were difficult to test because of the low rate of occurrence within the current sample population with 75% of respondents denying any level of internalized homophobia.

Some of the measurements also presented limitations. For example, the IHS was treated as a likert scale in prior studies however in this study the measure was scored in a true/false manner, which may have made detecting subtle attitudes of internalized homophobia difficult. Using the likert scale would have allowed individuals to rate their degree of internalized homophobia which may have impacted the results.

Response bias also cannot be ruled out because it was not independently assessed. It is possible that participants wanted to present themselves in a more positive light even though anonymity was assured. Finally, reliability of recall may be a limitation within the current sample. Participants were asked to recall disclosure and concealment experiences over the past two weeks and provide information about those experiences. It is likely that participant's ability to recall all events accurately over the past two weeks was compromised simply due to the time frame of recall.

Another limitation is the conceptualization of the outcome variables as dichotomies. As previously mentioned, the two variables of disclosure and concealment cannot be treated as completely separate constructs without some overlap. For example, many participants reported both disclosing and concealing their sexual orientation within the same two week time frame. Individuals were found to vary in whether they disclosed or concealed with regard to their environment as well as with whom the interaction was occurring.

Finally, a theoretical limitation lies in the attempt to assess cognitions distortions in a broad clinical sense rather than specific to disclosure or concealment of sexual orientation. Thoughts surrounding disclosure experiences specifically were not assessed, however a standardized measure was used to evaluate the thought patterns of individuals

on a broad spectrum. Therefore in the future, thoughts specific to disclosure need to be measured and evaluated. Specifically, fears and expectations regarding disclosure decisions should be evaluated. A cognitive distortions measure specific to sexual minorities, which evaluate cognitions associated with sexual orientation may be a direction for future research with the LGBT population.

Directions for Future Research

The current study confirms that variables such as perceived social support, ability to be “out” in the work place, and stage of identity development are important factors with regard to predicting disclosure and concealment amongst the gay and lesbian population who already identifies with a high stage of sexual identity formation. Other factors such as self-esteem, internalized homophobia, and cognitive distortions, while important, were not predictive of either disclosure or concealment within the current study. These factors maybe associated with lower stages of identity development and unfortunately individuals from this population did not self select into the current study with large enough numbers for meaningful analyses. Future research needs to continue to evaluate factors that help facilitate the disclosure of sexual orientation, especially since disclosure is a plays a key role in the “coming out” process and tends to assist individuals along the continuum of identity development. As McCarn & Fassinger (1996) point out, affirmation of one’s sexuality is an important factor in identity development.

Additionally, cognitive processes surrounding disclosure and concealment need to be further evaluated. Little to no research has evaluated the impact cognitions have on disclosure/concealment. Prior research suggests that internalized homophobia has been found to affect sexual minorities in many ways. It has been correlated with identity

formation, disclosure of sexual orientation, and psychological well being (Szymanski, Kashubeck-West, & Meyer, 2008). Internalized homophobia is a cognitive state and should be evaluated as such in future studies. More theoretical research in the area of cognitions related to disclosure/concealment should be conducted and theoretically derived models need to be developed to understand the cognitive framework surrounding disclosure/concealment.

Finally, theoretical models addressing mediating and moderating variables that affect disclosure of sexual identity need to be created. Further research is needed to understand population trends as well as individual patterns of development, the interplay of general and unique risk factors that contribute to concealment, and protective factors that buffer those risks to promote the healthy development of sexual minorities and foster disclosure and pride amongst this population.

Conclusions

Research evaluating factors that impact the disclosure or concealment of sexual orientation remains an important area of study. The goal with regard to exploring these factors is to improve the overall psychological well being of gay and lesbian individuals. Living with a concealable stigma is a difficult task for many gay and lesbian individuals. Closeted gay men and lesbians face considerable stressors. Every new ambiguous situation is heightened by the fact that disclosure may not be a sensible choice to make (Pachankis, 2007). Research suggests that individuals concealing a stigma often suffer higher rates of depression and anxiety (Kavanaugh, 1995), often engage in more cognitive preoccupation and hypervigilance (Pachankis, 2007), and often experience feelings of shame and guilt (Frable, Pratt, & Hoey, 1998). Additionally, concealment of sexual

orientation can also result in concealment of a variety of other aspects of an individual's life (Kavanaugh, 1995).

The purpose of the current study was to evaluate and examine predictors of disclosure and concealment of sexual orientation. Some of the variables examined were found to be predictive. Stage of Identity Development was found to be predictive of both disclosure and concealment. Individuals in the latter stage of identity development were found to be less likely to conceal and more likely to disclose. Perceived Social Support was also predictive with regard to concealment, with individuals perceiving a higher degree of support being less likely to conceal, and finally, degree of outness toward co-workers was statistically significant, with individuals who are open about their sexuality with co-workers being less likely to conceal in general.

Disappointingly some of the other variables were not predictive. Specifically, there was no significant relationship between cognitive distortions and either disclosure or concealment. Although the current study was unable to find a relationship between the two variables, it remains a valuable area of study because of the impact distorting thinking has on behavior and the likelihood that cognitions play a major role in whether LGBT individuals conceal or disclose their sexual orientation. Cognitive variables should continue to be evaluated with regard to openness about sexual orientation in light of the implications they may have for treating individuals who may be struggling with the coming out process.

Finally, some methodological problems in the current study constrained the evaluation the variables across the continuum. As previously stated, the sample used in the current study was very skewed and appeared to be a population that has dealt with

“coming out” and for the most part presented in the latter stages of identity development. Very little internalize homophobia was found in the current sample and most respondents reported adequate self-esteem and social support. Interestingly these same individuals also reported concealment in specific situations, with concealment of sexual identity in the workplace occurring most often. This indicates that although these individuals may be open about their sexuality or feel a sense of pride regarding their sexuality there are other variables that impact disclosure in the workplace, such as the potential of being harassed, discriminated against, or even terminated. Additionally, although some participants acknowledged experiencing some form of discrimination based on sexual orientation, this factor did not predict future concealment or disclosure amongst the sample population. The identification of factors that influence the disclosure of sexual orientation continues to be an important area of research. It is believed that methodological improvement, improved measures, and a larger more diverse sample may assist in shedding more light on this topic of interest.

Future studies should focus on evaluating the impact cognitions have on disclosure/concealment. Cognitive themes should be evaluated to see whether or not LGBT individuals share common beliefs about the disclosure of sexual orientation. Additionally, non-supportive and support work environments should continue to be evaluated in order to identify what specific qualities are found in support work place environments. LGBT research is an area of study that needs to continue pursuing answers in order to further the development of LGBT individuals as well as allies and friends and make society at large a more supportive environment for LGBT individuals.

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