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The Influence of Society on Queer Identity Development and Classification

Kirsten E. Fricke

This article will outline the history of homosexual identity classification and the societal contexts that influenced the development of several commonly used queer identity models. The emergence of the term “homosexual” in 1869 reflected an increased interest in identifying, defining, and regulating queer behavior and identity (Sullivan, 2003). Since then researchers, scientists, doctors, and queer rights activists have clamored to develop ways of contextualizing homosexuality with various, and sometimes horrific results. Exploring the history and impact of dominant heterosexual culture on homosexual identity will provide student affairs professionals with a more complete understanding of the systemic legacy of challenges that queer college students face.

In *The Trouble with Normal*, queer theorist Michael Warner (1999) made the following observation about sexual identity:

As ways of classifying people’s sex, these apparently neutral terms (“homosexual” and “heterosexual”) are of relatively recent vintage, and only make sense against a certain cultural background. So, however much they might involve genetic or biological factors, they also involve changes in consciousness and culture. (p. 10)

In many ways identity is a social construct, defined and given value only when evaluated in terms relative to a specific cultural context. As student affairs professionals, it is important to keep this in mind when utilizing queer identity development models. Many of the models used today, although helpful, are products of the societal and cultural framework in which they were conceived and thereby reflect the biases of those times. In addition, most of the models were constructed using White gay men as participants, rendering the relevance to queer people of color, women, and transgender individuals as questionable.

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Supporting students in their identity development is central to the field of student affairs. For student affairs professionals, a critical understanding of queer identity development is integral to successfully working with queer students. This article will explore the evolution of queer identity development theory, outline several key homosexual identity development models, and examine the impact of dominant culture on identity development.

Conversion Therapy: Castration, Lobotomies, and Electroshock Therapy

Discussions on homosexual identity are often centered on the nature versus nurture debate. Many people have believed, and continue to believe, that homosexuality is either a choice or stems from the environment where the individual was raised (e.g. bad parenting). The research of Sigmund Freud has often been interpreted and used to support the “nurture” argument (Yoshino, 2006). Freud believed that all people were inherently bisexual, but that homosexuality and heterosexuality were “culturally determined” (Yoshino, p. 36). After Freud’s death in 1939, many doctors, therapists, and researchers disputed Freud’s theory of innate bisexuality and adopted the assumption that if homosexuality was a learned behavior it was only natural that it could be unlearned (Yoshino). This shift in thought led the American Psychological Association (APA) to officially classify homosexuality as a psychiatric disease in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1952 (Yoshino).

Viewing homosexuality as a disease supported the practice of conversion therapy. Conversion therapy was a method used to convert homosexuals to heterosexuals, thereby curing their perceived disorder. There is evidence of the use of castration, lobotomies, and electroshock therapy as tools for the conversion of homosexuals (Yoshino, 2006). In addition, lesbians were often forced to undergo estrogen therapy and hysterectomies (Burr, 1997). Yoshino discussed one particular case in 1894, where an individual named Guy T. Olmsted underwent voluntary castration as a way to get over his love for another man:

Olmsted states, “Since the operation there has never been a day that I have been free from sharp, shooting pains down the abdomen to the scrotum.” Nonetheless, he deems the operation a success: “I have absolutely no passion for other men, and have begun to hope now that I can yet outlive my desire for Clifford.” (p. 32)

The lobotomy, invented by Portuguese neurosurgeon Egas Moniz in 1935, was another method used by doctors who treated homosexuality as a mental disorder (Johnson, n.d.; Yoshino, 2006). On her website, Johnson described the barbaric process:

The infamous transorbital lobotomy was a “blind” operation in that the surgeon did not know for certain if he had severed the nerves or not. A sharp, ice-pick like object would be inserted through the eye socket between the upper lid and eye. When the doctor thought he was at about the right spot, he would hit the end of the instrument with a hammer. There were other types of lobotomy as well ... as many varieties as there were imaginative neurosurgeons. (About Lobotomy, n.d.)

Lobotomies were used liberally until the 1970s (Johnson; Yoshino).

The APA also endorsed electroshock therapy to treat homosexuality. Yoshino (2006) recounted a 1935 APA presentation that “cautioned that electroshock treatment would not convert homosexuals unless shocks were administered at “intensities considerably higher than those usually employed on human subjects” (Yoshino, p. 33).

There has never been viable evidence to support the claim that conversion therapy works to cure homosexuality (Yoshino, 2006). Freud even stated, “In general, to undertake to convert a fully developed homosexual into a heterosexual does not offer much more prospect of success than the reverse” (as cited in Yoshino, p. 36). Freud even doubted whether they should be converted (Yoshino). In a 1935 letter to a concerned mother, Freud wrote the following:

Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime, and cruel too. (Herek, n.d.)

Unfortunately, innumerable queer people endured torturous psychoanalytic conversion therapy due to the DSM classification (Yoshino, 2006). Even more unfortunate are the actions of fundamentalist religious organizations that persist in the practice of conversion through intensive aversion therapy (Yoshino). Known as the “ex-gay” movement, groups like Exodus International and Quest continue to try to convert queer individuals to heterosexuality (Yoshino; Warner, 1999).

“Gay is Good”: The Dawn of Gay and Lesbian Identity Formation Models

The Stonewall Riots of 1969 ushered in a new era of activism and pride within the queer community. Inspired by the “Black is Beautiful” campaign, the queer activists adopted the rallying cry, “gay is good” (Yoshino, 2006). Individuals be-

gan to strongly challenge the DSM classification of homosexuality and the existing treatment of conversion therapy. Famous gay rights activist Del Martin called psychiatry the “most dangerous enemy of homosexuals in contemporary society” (Yoshino, p. 39). This pressure, paired with research from sexologist Alfred Kinsey and psychologist Evelyn Hooker, led to the depathologization of homosexuality in the DSM in 1973 (Yoshino; Herek, n.d.).

The 1970s saw a movement toward viewing homosexuality as an identity as opposed to a behavior or lifestyle (Bilodeau & Renn, 2005; Evans, Forney, & Guido-DiBrito, 1998). With this new emphasis, researchers began to explore how homosexual identities are shaped. In 1979 Vivienne Cass introduced a stage model for gay and lesbian identity formation. The Cass Model has been widely used to plot the identity development of gay and lesbian individuals. The model is comprised of six linear stages: Identity Confusion, Identity Comparison, Identity Tolerance, Identity Acceptance, Identity Pride, and Identity Synthesis (Evans, et al.; Kort, n.d.). As individuals move through the different stages they become increasingly aware and accepting of their sexual orientation until they are fully integrated into their identity. Although groundbreaking at the time, Cass’ model has several inherent problems that make it less applicable today: it was based on a 1970s historical context, there has been little testing of the model, and the early participants of this research were White gay men (Evans et al.).

“Silence = Death”

By 1986, more than 16 thousand Americans had already fallen victim to AIDS (Yoshino, 2006). However, as people continued to die, the government and the United States largely remained silent and indifferent. AIDS was regarded as a “gay” disease. This assumption gave renewed life to the belief that queer sex was somehow inherently deviant (Warner, 1999). A new wave of conservatism took hold leading to a crack down on the queer community (Warner). In response, many gay activists galvanized their efforts with slogans such as “Silence=Death” (Yoshino). Frustrated by the lack of public outcry, some radical queer activists went even further and began exposing the gay identities of public figures against their will in order to draw attention to the AIDS crisis (Yoshino).

With the AIDS crisis as the backdrop, R. R. Troiden proposed a new homosexual identity stage model theory in a 1989 issue of the *Journal of Homosexuality* (Barnett, n.d.). Troiden’s model is noteworthy for several reasons. Most importantly, Troiden makes the observation that environmental and societal factors, such as AIDS, can dramatically influence an individual’s identity development and ability to come out (Barnett).

Troiden’s model outlined the formation of homosexual identity in four stages:

Sensitization, Identity Confusion, Identity Assumption, and Commitment (Barnett, n.d.). This model differs from Cass in that the early stages of Sensitization and Identity Confusion are believed to occur during adolescence. Troiden believed that during the Identity Confusion stage, individuals cope with the stress of their identity by going through the following steps: denial of feelings, avoidance of impulses, attempt to repair heterosexual make-up, and acceptance of homosexual impulses (Barnett). Troiden believed that individuals moving into the Identity Assumption stage primarily focused their energy on managing the social stigma of their homosexual identity (Barnett). In the final stage, Commitment, individuals begin to view their homosexuality as a “way of being, rather than a description of sexual behavior” (Barnett, para. 15).

“Don’t Ask, Don’t Tell”: Covering

The early 1990s saw a reevaluation of the U.S. military’s policy on homosexuality. The existing policy, which stated that homosexuality was “incompatible with military service,” was revised to state that an individual could be homosexual, but the person would be kicked out of the military for being openly homosexual (Yoshino, 2006, p. 69). This became known as the “Don’t Ask, Don’t Tell” policy. The significance of this ideological shift is that homosexuals were no longer expected to convert, but they were expected to cover their queer identities (Yoshino).

Around this time, human development researcher Anthony R. D’Augelli proposed a new model of lesbian, gay, and bisexual (LGB) development. He argued that an individual’s identity developed over a lifetime, not in sequential stages (Evans et al., 1998). D’Augelli divided his model into six interactive steps that an individual moves in and out of over the course of their lifetime. The steps are: Exiting Heterosexual Identity, Developing a Personal Lesbian/Gay/Bisexual Identity Status, Developing a Lesbian/Gay/Bisexual Social Status, Becoming a Lesbian/Gay/Bisexual Offspring, Developing a Lesbian/Gay/Bisexual Intimacy Status, and Entering a Lesbian/Gay/Bisexual Community (Evans et al.).

D’Augelli’s model also began to take into account outside factors that influenced an individual’s identity development, mainly that “the social invisibility of sexual orientation and the social and legal penalties associated with homosexual expression represent two unique and powerful barriers to self-definition as gay, lesbian, or bisexual” (Evans et al., 1998, p. 95). Since dominant culture is overwhelmingly heterosexist, D’Augelli stressed that lesbian, gay, and bisexual individuals often lacked LGB role models, which made them more responsible for their own identity development (Evans et al.).

The Biology of Homosexuality: Identity Ethics

After the DSM determined homosexuality was not a mental disorder, researchers began to explore whether homosexuality was more about “nature” than “nurture.” Moving away from the “gay is good” mantra, gay rights activists began to put forth the idea that sexual orientation was immutable (Yoshino, 2006). Yoshino described this trend as “troubling” and warned that studies attempting to prove the existence of a “gay gene” are a “leaky defense for homosexuality. These studies appear to assume biological traits are immutable, while cultural traits are mutable... [and] as our scientific technology advances genetic traits become more susceptible to human manipulation than cultural ones” (p. 48). Evidence of this manipulation was found in experiments conducted by neurobiologist Simon LeVay in the early 1990s (Burr, 1997; Yoshino). He determined that gay men had a difference in their hypothalamic structure. However, it was later revealed that all of the cadavers he used were men who had died of AIDS, a factor that could have influenced his findings (Burr; Yoshino).

With the belief that people are born gay becoming more widespread, the language around homosexual identity shifted from “I will not change” to “I cannot change” (Yoshino, 2006, p. 48). Yoshino warned that the change in this distinction was profoundly wrong, as it implied an apology about one’s identity. He quoted Leo Bersani who stated, “the very question of ‘how we got that way’ would in many quarters not be asked if it were not assumed that we ended up the wrong way” (Yoshino, p. 49). Warner (1999) also discussed this argument:

Gay people are now desperately hoping a gay gene can be found. They think they would be more justified if they could show that they had no choice, that neither they nor gay culture in general played any role in shaping their desires. Some conservatives, meanwhile, trivialize gay experience as “lifestyle,” as though that warrants interfering with it. Both sides seem to agree on an insane assumption: that only immutable and genetic sexualities could be legitimate, that if being gay could be shown to be learned, chosen, or partly chosen, then it could be reasonably forbidden. (p. 9)

To date there has been no evidence that a gay gene exists, and after years of studies researchers have still not found credible support that there is a biological root to homosexuality (Burr, 1997). Bersani also brought up a critical ethical question: would people care if there were not the insidious belief that homosexuality was wrong (Yoshino, 2006)? One could then begin to ask, if a gay gene were discovered would researchers begin working on a cure? Would parents begin selecting not to have children born with the gay gene? And, would individuals begin to seek treatment for their homosexuality?

Queers vs. Normals

With the advent of queer theory in the early 1990s, a new discussion about sexual orientation and gender identity took hold (Kirsch, 2006; Sullivan, 2003). Influenced by feminism, post-modernism, and the writings of Michael Foucault, queer theory challenges the belief that heterosexuality is the “normal” standard by which other ways of being are measured (Sullivan). Many current beliefs about sexual orientation and identity have their roots in queer theory and cluster around the concept that identity is fluid (Kirsch; Sullivan; Warner, 1999). It is very common for individuals to discuss their sexual orientation utilizing a spectrum with “homosexual” on one end and “heterosexual” on the other, and many shades in-between. The term “queer” has also been more widely adopted as a way of challenging the heteronormative system and escaping the implied binary of homosexual or heterosexual.

The concept of “normal” has been a pervasive and debilitating standard by which homosexuals have routinely and unfairly been judged. However, in an effort to be normal many individuals in the gay community have “embraced the politics of assimilation” (Yoshino, 2006, p. 77). In 1995, writer and editor Andrew Sullivan penned a book titled *Virtually Normal* that called for gays to enter the mainstream (Warner, 1999). In 1998 James Collard would go on to declare himself “post-gay” and state that gay people “no longer see themselves solely in terms of struggle” (Warner, p. 62). More recently in *The New Gay Teenager*, Ritch Savin-Williams made this statement:

The majority of young people with same-sex desire resist and refuse to identify as gay...Their desire is not to stand out “like a semen stain on a blue dress,” but to be as boring as the next person, to buy an SUV and to fade into the fabric of American life. (as cited in Kuban & Grinnell, 2008, p. 74)

This push towards normalcy has caused a major rift in the queer community. Many argue that aspiring to fit into the heteronormative dominant culture is an assault against individuals who fought hard to achieve visibility and equal rights for the queer community. Others point out that the struggle for normalcy is a racist, sexist, and classist sentiment that intrinsically favors White, middle-class men whose privileged identities allow them to assimilate more easily into dominant culture (Kuban & Grinnell, 2008; Warner, 1999; Yoshino, 2006). Current literature suggests that the debate over queer identity and post-gay assimilation is ongoing and has come to characterize contemporary gay culture.

Implications for Future Research

This analysis of queer identity development models leaves much room for future

inquiry. Future research should include developing identity models that take into account the experience of transgender individuals, people of color, and individuals with multiple intersecting identities. There should also be more work exploring how society's changing views on sexual orientation have affected models of identity development and their application. How, over time, have these shifts in ideology served to impose heteronormative biases on queer individuals? Do identity development models actually contribute to healthy identity formation in queer individuals? Exploring the generational differences that may exist between students and the student affairs professionals that work with them is also important. How do these differences affect how Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) student affairs professionals relate to LGBTQ students who may have grown up with different language around identity? Finally it would be helpful to look at a longitudinal assessment of the effect of assimilation on queer identity development. As student affairs professionals, how do we encourage students to develop a strong queer identity while recognizing that at times they are expected to assimilate or cover?

Conclusion

College students are now coming of age in a time when the Stonewall Riots and the AIDS epidemic seem to have faded into the distant past. For them, identifying as gay means something entirely different than it did even 10 years ago. With the increasing visibility of queer culture, it is easy to overlook the challenges that queer individuals have faced along the way. Through pathology, biology, and homosexual identity models, researchers have attempted to locate, define, and shape the queer identity. This search has been rife with prejudice, homophobia, and violence. Moving forward requires a reevaluation of the archaic identity development models that are still in use today. By acknowledging our haunting legacy we can begin to identify and combat the complex and numerous ways our systems and beliefs have been influenced by pervasive homophobia and oppression.

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