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Stage of Sexual Minority Identity Formation: The Impact of Shame, Internalized Homophobia, Ambivalence Over Emotional Expression, and Personal Mastery

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ORIGINAL RESEARCH

Stage of Sexual Minority Identity Formation: The Impact of Shame, Internalized Homophobia, Ambivalence Over Emotional Expression, and Personal Mastery

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Literature on sexual minorities has focused on characteristics regarding the developmental process of sexual identity formation, with little agreement as to underlying constructs. The present study (N = 855) used an online survey to investigate Cass's (1984) theoretical model of stages of identity formation to explore shame and associated variables of internalized homophobia, ambivalence over emotional expression, and personal mastery across stages of identity development in order to clarify relationships among these variables. Findings offer partial support of Cass's stage model of sexual minority identity development as a process of differential stage progression and suggest that the relationships between shame, internalized homophobia, ambivalence over emotional expression and personal mastery are significant in understanding identity stage development. Applications to psychotherapy are discussed.

KEYWORDS *sexual minority, sexual identity, shame, identity development*

Cass's (1979, 1984) classic theory and research on homosexual identity formation hypothesizes that sexual minority identity progresses through six stages, from identity confusion (Stage 1), identity comparison (Stage 2), identity tolerance (Stage 3), identity acceptance (Stage 4), and identity pride (Stage 5)

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to identity synthesis (Stage 6), as “self-perception changes from negative and ambivalent to a more positive and accepting view of self” (Brady & Busse, 1994, p. 10). Grounded in consistency theory (Secord & Backman, 1961; Secord, Backman, & Eachus, 1964), Cass argues that identity stages occur as one “attempts to resolve inconsistency between perceptions of the self and others” (Cass, 1979, p. 219). While cognitive, behavioral, and affective dimensions are described, less emphasis is placed on affective development and complexities inherent in the process of sexual minority identity integration and self-acceptance.

Alternatively, affect theory (Budden, 2009; Nathanson, 1992; Tomkins, 2008) offers broad insights into underlying affective features observed within sexual minority identity formation, as defined by Cass’s model. For example, early stages of identity formation suggest significant struggles with emotional ambivalence about the embracing of sexual minority identity status because of internalized homophobia and fear of exposure to shame. As sexual orientation identity is accepted, Cass writes that some continue “a philosophy of fitting into society” which may involve a “continued maintenance of a passing strategy (pretending heterosexuality)” (1984, p. 151) in order to protect oneself from “the (possibly negative) reactions of others towards one’s homosexuality” (p. 152)—or according to affect theory, to avoid shame (Kaufman & Raphael, 1996). Description of the stage of identity pride, referring to “feelings of pride towards one’s homosexual identity and fierce loyalty to homosexuals as a group” (p. 152) while largely indicative of a negation of internalized homophobia, may still be interpreted as a defensive separation from the dominant culture rising from ambivalence because of continued vulnerability to shame. Finally, Cass’s concluding stage of identity synthesis would suggest a predominant resolution of shame, emotional ambivalence, and internalized homophobia as well as an increasing establishment of self-empowerment through emotional acceptance of both self and others. However, it is unclear as to whether identity synthesis can ameliorate all or most symptoms of minority stress reflected by shame, ambivalence, internalized homophobia, and disempowerment, or to what extent stage of identity development contributes to the prediction of these variables.

RELATIONSHIPS AMONG SHAME, INTERNALIZED HOMOPHOBIA, EMOTIONAL AMBIVALENCE AND PERSONAL MASTERY WITHIN SEXUAL MINORITY IDENTITY

According to Budden (2009), shame is “the quintessential social emotion underlying social threat, comprising a family of negative feelings ranging from mild embarrassment to severe humiliation. It is the painful self-consciousness of, or anxiety about, negative judgment, unwanted exposure, inferiority,

failure, and defeat" (p. 1033), often manifesting in sexual minority populations as a consequence of societal derision, prejudicial events, physical threat, and/or psychological meanings attached to a stigmatized identity (Meyer, 2003). Shame has been implicated as a core variable within studies of lesbian, gay, bisexual, and queer (LGBQ) identity formation and development (Sedgwick, 2009). Sexual minority shame has been observed as salient in early stages of identity formation (Blum & Pftzing, 1997; Grace, 1992; Kaufman & Raphael, 1996; Herek, 2004; Neisen, 1993; Pharr, 1988; Vaughan, Kernberg, Lesser, & Schwartz, 2008) and implicitly or explicitly identified in measures of internalized homophobia (Mayfield, 2001; Martin & Dean, 1987; Szymanski & Chung, 2001). Herek (2004), reflecting on the history and underlying foundation of the construct of internalized homophobia, suggests the need for research to concentrate on the emotional effects of shame for sexual minority people. Shame has been found to correlate with internalized homophobia for gays and lesbians (Allen & Oleson, 1999; Brown & Trevethan, 2010; Chow & Cheng, 2010) as well as with lower identity integration in some lesbians (Chow & Cheng; Wells & Hansen, 2003). A qualitative study of rural gay men found them "deeply affected by the misinformation and hate rhetoric they had heard and internalized from parents, teachers, members of the clergy, and their peers" (Cody & Welsh, 1997, p. 60), thereby promoting feelings of shame.

Like shame and internalized homophobia, ambivalence over emotional expression appears as a related variable in the literature. Ambivalence in general has been defined as overlapping approach-avoidance tendencies directed toward another, an experience, object, or set of objects resulting in significant subjective distress or an inability to make a decision (Sincoff, 1990). Ambivalence over emotional expression has been defined by "conflict over one's emotional expressiveness style" (King & Emmons, 1991, p. 135) such that one struggles with wanting to express emotion but is unable to do so, or one expresses an emotion but feels regret afterwards. Associating shame and emotional ambivalence in early lesbian developmental experience, Vaughan describes the consequences of "physical and sexual over-stimulation in childhood and adolescence as a byproduct of societal and familial assumptions about heterosexuality "[causing] sexual desire and excitement [to] become the enemy, engendering shame and anxiety when present and giving rise to defensive maneuvers to quash sexual feelings" (Vaughan et al., 2008, p. 336). Emotional ambivalence, while provoking an increment in concomitant shame, emotional distress, and developmental "stuckness," may function as a defensive strategy against fearful expectations of nonacceptance, imagined humiliation, or greater internal conflict (Sincoff, 1990).

This coping strategy may have important implications. First, emotional ambivalence about one's sexual orientation may radically impair any capacity for free expression of emotions in general, given a history of hiding one's impulses, desires, and feelings (D'Augelli & Herschberger, 1993; Pachankis,

2007; Sophie, 1982; Troiden, 1989). Not only may suppressed emotional expression promote debilitating stress and associated physical distress (Gartrell, 1984; Pharr, 1988; Swann & Spivey, 2004), but years of hiding one's feelings may promote future health concerns (D'Augelli, Grossman, Hershberger, & O'Connell, 2001; Gillow & Davis, 1987). Moreover, without emotional release, lesbian, gay, and bisexual (LGB) individuals may turn feelings of frustration, anger, or powerlessness against themselves, heightening possible risks for depression or substance abuse (Amadio & Chung, 2004; Bux, 1996; Cabaj, 2000; Lewis, Derlega, Griffin, & Krowinski, 2003; Weber, 2008).

Second, intrapsychic conflicts are predictable as lesbians, gay men, and bisexuals often struggle with divided loyalties between themselves and loved ones whom they fear or know will reject them for their sexual orientation (Greene, 1994a, 1994b, 1995, 2000; Rust, 2003; Schneider, 2001; Savin-Williams, 1996). Gays, lesbians, and bisexuals may introject self-blame, perceiving themselves as "weak" rather than as caught in impossible cultural double binds, perhaps intensifying shame experiences through a felt incapacity to act or assert oneself (Love, 2002; Merton & Barber, 1976). Finally, emotional ambivalence about oneself and one's group identity may hamper social and professional opportunities, as some LGB people may attempt to avoid interpersonal exposure, or may be perceived as awkward, superficial, withdrawn, or rejecting of others (Mays & Cochran, 2001). Foreclosed from involvements that could attenuate or resolve emotional ambivalence, internalized homophobia, and shame, experiences of healthy self-empowerment and the advancement of self-esteem may be stymied (Britt & Heise, 2000; Marszalek, 1999).

Personal mastery is another characteristic that has been associated with discussions of shame, emotional ambivalence, internalized homophobia, and sexual minority development (Meyer, 2003; Russell, Muraco, Subramaniam, & Laub, 2009; Tomlinson & Fassinger, 2003; Travers & Paoletti, 1999). In response to shame, internalized homophobia, and emotional ambivalence regarding sexual minority identity, affect theory argues that cognitions are organized through "scripts" which manage and attenuate anticipatory shame states. Cognitions that would anticipate negative outcomes and/or expect life chances to be fatalistically ruled are cognitive elaborations of affective coping strategies aimed at defending self-esteem and diminishing shame through reduced expectancies (Tomkins, 2008). What affect theory refers to as the "despondency" of self-defeating behavior to avoid the impact of shame or guilt (Budden, 2009; Hoblitzelle, 1987; Lindsay-Hartz, Stillwell, & Heatherton, 1995; Tomkins), other theorists have conceptualized as learned helplessness (Abramson, Seligman, & Teasdale, 1978) or diminished personal mastery (Pearlin, Lieberman, Menaghan, & Mullan, 1981; Seeman, 1991). Thus, assumed status inferiority, shame, internalized homophobia, and emotional ambivalence may undermine the establishment of self-empowerment in sexual minority identity formation.

While theorists have posited relationships among sexual orientation identity stage development, shame, internalized homophobia, emotional ambivalence, and personal mastery, little is empirically known as to their interactions, differences, and effects. Researchers have investigated the impact of ambivalence over emotional expression on psychological, physical, and interpersonal well-being (Katz & Campbell, 1994; King, 1993; King & Emmons, 1990, 1991; Mongrain & Zuroff, 1994; Pennebaker, 1985). However, no work in this area has been applied to sexual minority identity. While numerous studies have supported aspects of Cass's developmental model in qualitative (Degges-White, Rice, & Myers, 2000; Whitman, Cormier, & Boyd, 2000) and quantitative research (Li, 2008; for reviews, see Morrow, 2006; Szymanski, Kashubeck-West, & Miller, 2008), little attention has been given to potential affective components of identity formation. We believe is this an important gap in the understanding of the LGB developmental process and how to facilitate growth through psychotherapy.

The present quantitative study investigates the process of sexual minority identity formation by assessing components of shame, internalized homophobia, ambivalence over emotional expression, and personal mastery as predicted by Cass's (1984) theory of sexual orientation identity stage development. Identity formation is conceptualized as a process of movement through the management, reduction, and resolution of shame, internalized homophobia, and ambivalence over emotional expression. Through the development of sexual minority identity formation, shame of self, sexual orientation identity, and conflicting feelings are hypothesized as replaced by beliefs in equal status, capacities, and personal mastery (Pearlin, Menaghan, Lieberman, & Mullan, 1981; Ritter & Terndrup, 2002).

We propose the following hypotheses:

- The process of diminishing shame, internalized homophobia, ambivalence over emotional expression, and the establishment of personal mastery occurs across stages of sexual minority orientation identity.
- Stages of sexual orientation identity development are differentiated by shame, internalized homophobia, ambivalence over emotional expression, and personal mastery.
- Shame is predicted by stage of identity formation, ambivalence over emotional expression, internalized homophobia, and personal mastery (Kaufman & Raphael, 1996; Tomkins, 2008).
- Ambivalence over emotional expression is predicted by stage of identity formation, shame, internalized homophobia, and personal mastery.
- Internalized homophobia will be predicted by stage of identity formation, shame, ambivalence over emotional expression, and personal mastery.
- Personal mastery is predicted by stage of identity formation, shame, internalized homophobia, and ambivalence over emotional expression.

METHOD

Participants and Procedure

Following John Carroll University Institutional Review Board approval, a survey was conducted between February and August 2011. Survey participants were recruited from Internet websites across the United States, as well as through friendship networks and “snowball” or chain-referral sampling. The recruitment statement asked for LGBTQ volunteers to participate in an anonymous online survey study on the psychological effects of minority stress on mental health and identity. The informed consent statement notified potential participants that they were free to skip any question that made them feel uncomfortable, that the researchers were available to answer any questions regarding the survey, and that information on mental health resources would be made available upon request. Participants were assured of anonymity. They were also offered enrollment in a random raffle drawing at the conclusion of the study to win one of ten \$10 gift cards, or one \$50 gift card, as a token of the researchers’ appreciation for their participation.

Participants completed an online questionnaire that contained scales to assess shame, internalized homophobia, ambivalence over emotional expression, personal mastery, and stage of sexual minority identity formation. The questionnaire also requested information about a number of demographic variables, questions regarding how participants defined their sexual orientation identity, and how participants represented themselves to others with regard to sexual orientation.

Data were initially cleaned by eliminating those participants who reported ages under 18 and those who scored as “0” (heterosexually identified) on the Sexual Allocation Measure (Cass, 1984). The language of the Sexual Allocation Measure was slightly altered in the present study to read “not heterosexual” in place of “homosexual” throughout the questionnaire in an attempt to be more sensitive to current language of sexual orientation identity, while remaining LGBTQ inclusive.

Measures

STAGE ALLOCATION MEASURE

The Stage Allocation Measure (Cass, 1984) consists of paragraphs describing characteristics typifying Cass’s theoretical stages of identity development and a noncoded or 0-coded description of heterosexual identity that begins, “You believe that you are heterosexual and never question this.” Stages of identity are defined as Stage 1 (Identity Confusion), Stage 2 (Identity Comparison), Stage 3 (Identity Tolerance), Stage 4 (Identity Acceptance), Stage 5 (Identity Pride), and Stage 6 (Identity Synthesis). The Stage Allocation Measure was

determined by Cass (1984) to have content, concurrent, and construct validity. In her validity study, while some blurring was found between Stages 1 and 2 and between Stages 5 and 6, discriminant analysis evidenced stage differentiation and accuracy of stage sequencing through comparison with the Homosexual Identity Questionnaire, an additional instrument developed by Cass (1984). Participants rate themselves as to which description “best fits you currently” from 0 to 6. The Stage Allocation Measure (SAM) produces categorical data based upon self-definition, as well as a scale score of stage development given assumptions of linear progression.

EXPERIENCE OF SHAME SCALE

Shame was assessed using the Experience of Shame Scale (Andrews, Qian, & Valentine, 2002), a 25-item questionnaire assessing characterological shame, behavioral shame, and body shame. The Experience of Shame Scale also includes a total score indicative of shame-based identity, which was used for this study. Characterological shame includes items involving shame and personal habits, shame and manner with others, shame about what sort of person you are, and shame about personal ability. Behavioral shame includes items referring to doing something wrong, saying something stupid, and failing in competitive situations. Bodily shame measures shame regarding one's body. For each shame area presented, there are three questions addressing experiential, cognitive, and behavioral components. Items include “Have you felt ashamed of any of your personal habits?” and “Have you tried to conceal the sort of person you are?” with respondents answering from 1 (not at all) to 4 (very much). Total scores showed a high internal consistency (Cronbach's $\alpha = .92$), and test-retest reliability was .83. Validity was demonstrated by testing for depression using the SCL-90 (Derogatis, 1983) at time 1 and time 2 at an interval of 11 weeks. Both time periods evidenced significant moderate correlations, as well as a significant moderately high correlation between the Experience of Shame Scale and the Test of Self-Conscious Affect-Shame (Tangney, Wagner, & Gramzow, 1989). Cronbach's α in the present sample was .95.

INTERNALIZED HOMOPHOBIA SCALE

Martin and Dean (1987) developed the Internalized Homophobia Scale based upon criteria for ego-dystonic homosexuality as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980). The nine-question instrument asks questions such as, “I feel alienated from myself because of my being lesbian/bisexual [gay/bisexual]” or “I feel that being lesbian/bisexual [gay/bisexual] is a personal shortcoming for me”. Items are measured on a 5-point Likert scale ranging from 1 (strongly

disagree) to 5 (strongly agree), with higher scores indicative of greater internalized homophobia. Originally written for gay and bisexual males, the scale has been expanded to also include lesbians and bisexual women (Herek, Cogan, Gillis, & Glunt, 1997). Internal consistency has been demonstrated to be adequate for gay men and lesbians ($\alpha = .85; .71$, respectively), and validity is evidenced with IHP correlative to lower self-esteem and outness in gay men and lesbians (Herek et al.), and lower importance attached to community involvement, higher dissatisfaction with the local gay and bisexual community, and higher depressive symptoms in gay men. Cronbach's α in the present sample was .90.

AMBIVALENCE OVER EMOTIONAL EXPRESSION QUESTIONNAIRE

Emotional ambivalence was assessed using the Ambivalence Over Emotional Expression Questionnaire (King & Emmons, 1990). The instrument tests the degree to which one feels ambivalent about wanting to express emotions but not feeling able to do so, or ambivalent about emotional expression. The Ambivalence Over Emotional Expression Questionnaire is a 28-item questionnaire, rating responses on a 5-point Likert scale, from "never" (1) to "frequently" (5). Examples of items include "It is hard to find the right words to indicate to others what I am feeling" and "Often I find that I am not able to tell others how much they really mean to me" with high scores indicative of emotional ambivalence. Total scores showed a high Cronbach's α , at .89, and acceptable test-retest reliability at six weeks (.78). Confirmatory factor analysis demonstrated a single general factor. Validity was indicated by significant correlation to another measure of emotional ambivalence, the Raulin Intense Ambivalence scale (Raulin, 1984), negative correlation with Rosenberg's Self-Esteem Scale (Rosenberg, 1965), and positive correlation with the Brief Symptom Inventory (Derogatis & Spencer, 1982). Cronbach's α in the present sample was .95.

PEARLIN MASTERY SCALE

Personal mastery is defined as the extent to which one believes life chances are under one's personal control or are fatalistically governed (Pearlin & Schooler, 1978). Personal mastery was assessed through the Pearlin Mastery Scale, a seven-item instrument. Items include "There is really no way I can solve some of the problems I have" and "Sometimes I feel that I'm being pushed around by life" (both reversed score), with items endorsed from "strongly agree" to "strongly disagree," on a 4-point scale. Range of scores is from a low of 7 to a high of 28. The scale has demonstrated adequate internal consistency ($\alpha = .76$), and good construct validity, with factorial consistency, and in association with other psychological characteristics such as measures

of depression and self-esteem (Pearlin & Schooler). The measure has been widely used, evidencing relationships among perceived personal control, stress, and health (see Haidt & Rodin, 1999, for review; Lachman & Weaver, 1998; Pham, Taylor, & Seeman, 2001). Cronbach's α in the present sample was .51.

Data Analyses

In addition to descriptive and correlational analyses, multiple linear regressions were conducted to determine the amount of variance contributed by variables to the dependent variable, using the enter method for stages as predictors, followed by the step-wise method. Dummy variables were created to determine the amount of contribution to the prediction equation from stages of identity formation, with Stage 6 (Identity Synthesis) as the baseline group:

- Prediction of shame was conducted with stage of identity formation, ambivalence over emotional expression, internalized homophobia, and personal mastery as independent variables.
- Prediction of ambivalence over emotional expression was conducted with stage of identity formation, shame, internalized homophobia, and personal mastery as independent variables.
- Prediction of internalized homophobia was tested with stage of identity formation, shame, ambivalence over emotional expression, and personal mastery as independent variables.
- Prediction of personal mastery was conducted using stage of identity formation, shame, internalized homophobia, and ambivalence over emotional expression as independent variables.

MANOVA, followed by discriminative analysis, was also done to assess differences across dependent variables of shame, internalized homophobia, ambivalence over emotional expression and personal mastery across the Stage Allocation Measure stage of identity formation. This was followed by ANOVA and post-hoc analyses in order to determine differences across specific variables by stage of identity formation.

RESULTS

In the total sample ($N = 855$), the mean age was 36.16 years, with standard deviation of 13.16 (range = 18 years –77 years). Approximately 42% of the sample currently self-defined as gay men, 6% as bisexual men, 1% as questioning, and 2% as heterosexual men. In addition, 24% currently

self-defined as lesbian, 18% as bisexual women, 2% as questioning, and 1% as heterosexual women. The total sample may have been slightly weighted in distribution by gender, with 49.6% self-identifying as male and 43.5% self-identifying as female (6.8% unclassified). Ethnic identity was largely non-Hispanic White (75%), and 42% reported having a graduate degree education. A majority of the sample was employed for wages (53%), and a sizeable percentage were students (24%). Income appeared fairly evenly distributed, although 21% earned less than \$10,000 annually. Finally, almost half (49%) of the sample was at the highest stage of identity formation (Stage 6, Identity Synthesis) (see Table 1).

Table 2 identifies correlations across variables, using one-tail significance testing. Correlation analysis showed a large negative correlation between shame and personal mastery, a large positive correlation between shame and ambivalence over emotional expression, and a moderate positive correlation between shame and internalized homophobia. Shame evidenced small correlations across Stage 3 relative to Stage 6 (Identity Tolerance versus Identity Synthesis) and Stage 4 relative to Stage 6 (Identity Acceptance versus Identity Synthesis). Personal mastery and ambivalence over emotional expression also demonstrated a large negative correlation. Internalized homophobia and ambivalence over emotional expression showed a moderate positive correlation. Internalized homophobia also revealed small positive correlations across all stages of identity formation but for a moderate correlation with Stage 3 relative to Stage 6 (Identity Tolerance versus Identity Synthesis), and a small negative correlation at Stage 5 relative to Stage 6 (Identity Pride versus Identity Synthesis). Finally, ambivalence over emotional expression showed small positive correlations with Stages 2 compared with Stage 6 (Identity Comparison versus Identity Synthesis), Stage 3 compared with Stage 6 (Identity Tolerance versus Identity Synthesis), and Stage 4 compared with Stage 6 (Identity Acceptance versus Identity Synthesis).

In the prediction of shame, stages of identity formation were loaded into Model 1 using the enter method, followed by step-wise methodology to assess additional contribution of variables of ambivalence over emotional expression, personal mastery, and internalized homophobia. Total prediction equation, including all variables, accounted for 39% of the variance. With Model 1, stage of identity formation predicted 7% of the variance, with significant contributions by Stage 1 relative to Stage 6 (Identity Confusion versus Identity Synthesis), Stage 2 relative to Stage 6 (Identity Comparison versus Identity Synthesis), Stage 3 relative to Stage 6 (Identity Tolerance versus Identity Synthesis), and Stage 4 relative to Stage 6 (Identity Acceptance versus Identity Synthesis). With Model 2, the inclusion of ambivalence over emotional expression contributed an additional 27% to the prediction of shame. However, only Stage 3 relative to Stage 6 remained statistically contributory in conjunction with the contribution of ambivalence over emotional expression. With inclusion of personal mastery into the prediction equation

TABLE 1 Summary of Study Characteristics

	% (N = 855)
How do you self-define your sexual orientation?	
Lesbian	23.7% (203)
Bisexual woman, mostly lesbian	6.8% (58)
Bisexual woman, equally female and male attracted	7.7% (66)
Bisexual woman, mostly heterosexual	2.8% (24)
Heterosexual woman	0.9% (8)
Gay man	41.5% (355)
Bisexual man, mostly gay	2.6% (22)
Bisexual man, equally male and female attracted	2.0% (17)
Bisexual man, mostly heterosexual	1.3% (11)
Heterosexual man	1.5% (13)
Questioning male	0.7% (6)
Questioning female	1.6% (14)
Unclassified	6.8% (58)
How do you represent yourself to others?	
Lesbian	25.5% (218)
Bisexual woman, mostly lesbian	4.9% (42)
Bisexual woman, equally female and male attracted	5.3% (45)
Bisexual woman, mostly heterosexual	2.7% (23)
Heterosexual woman	5.5% (47)
Gay man	39.8% (340)
Bisexual man, mostly gay	1.3% (11)
Bisexual man, equally male and female attracted	1.4% (12)
Bisexual man, mostly heterosexual	0.6% (5)
Heterosexual man	5.6% (48)
Questioning male	0.7% (6)
Questioning female	0.7% (6)
Unclassified	6.0% (52)
*Ethnic Identity	
Asian American	6.1% (53)
American Indian or Alaskan Native	1.4% (12)
Hawaiian or Other Pacific Islander	.7% (6)
Black or African American	8.9% (77)
Hispanic or Latino/a	7.7% (66)
Non-Hispanic White	75.3% (654)
Education	
Some high school	.9% (8)
High school or GED	2.8% (24)
Some college	23.9% (204)
College graduate	29.8% (255)
Graduate degree	41.9% (358)
Unclassified	.7% (6)
Employment Status	
Employed for wages	52.5% (449)
Self-employed	9.6% (82)
Out of work for less than one year	4.1% (33)
Out of work for more than one year	3.1% (30)
Homemaker	.3% (3)
Student	24.2% (196)
Retired	4.4% (32)
Disabled	2.8% (23)
Unclassified	.8% (7)

TABLE 1 Summary of Study Characteristics (Continued)

	% (N = 855)
Income	
Under \$10,000	21.3% (182)
\$10,000–19,000	10.8% (92)
\$20,000–29,000	11.6% (99)
\$30,000–39,000	11.9% (102)
\$40,000–49,000	12.4% (106)
\$50,000–100,000	21.2% (181)
Over \$100,000	9.7% (83)
Unclassified	1.2% (10)
Stage of Allocation Measure	
Stage 1 Identity Confusion	2.1% (18)
Stage 2 Identity Comparison	2.1% (18)
Stage 3 Identity Tolerance	4.3% (37)
Stage 4 Identity Acceptance	24.9% (213)
Stage 5 Identity Pride	11.9% (102)
Stage 6 Identity Synthesis	48.7% (416)
Unclassified	6.0% (51)

Note. Ethnic Identity N = 868 due to respondent checking of multiple categories.

(Model 3), Stage 3 relative to Stage 6 remained significant, and continued to be so with the inclusion of internalized homophobia (Model 4). Adding personal mastery to the prediction equation for shame contributed 4% to the variance, and internalized homophobia contributed another 1% to the prediction equation (see Table 3).

Stages of identity formation significantly contributed to the prediction of personal mastery at Model 1, contributing 4% to the variance accounted for, with Stages 1, 2, 3, and 4 relative to Stage 6 as significant. Adding shame

TABLE 2 Pearson Product Moment Correlation Coefficients Between Ambivalence Over Emotional Expression, Stage 1 vs. Stage 6, Stage 2 vs. Stage 6, Stage 3 vs. Stage 6, Stage 4 vs. Stage 6, Stage 5 vs. Stage 6, Shame, Internalized Homophobia, and Personal Mastery, with Means and Standard Deviations

	AEQ	Stage 1 vs. Stage 6	Stage 2 vs. Stage 6	Stage 3 vs. Stage 6	Stage 4 vs. Stage 6	Stage 5 vs. Stage 6	ESS	IHP	PMS
AEQ	1.000								
Stages 1 vs. 6	.046	1.000							
Stages 2 vs. 6	.086*	-.022	1.000						
Stages 3 vs. 6	.119**	-.031	-.031	1.000					
Stages 4 vs. 6	.142**	-.084*	-.084*	-.123	1.000				
Stages 5 vs. 6	.025	-.054	-.054	-.780	-.212**	1.000			
ESS	.566**	.050	.085	.200**	.086*	-.014	1.000		
IHP	.362**	.176**	.237**	.287**	.100*	-.125**	.359**	1.000	
PMS	-.442**	-.096**	-.055	-.125**	-.080*	-.009	-.445**	-.322**	1.000
X	72.45	.02	.02	.04	.25	.12	54.06	14.90	10.45
SD	18.81	.14	.14	.20	.43	.32	14.48	6.11	3.93

Note. N = 855. AEQ = Ambivalence over Emotional Expression; ESS = Experience of Shame Scale; IHP = Internalized Homophobia Scale; PMS = Pearlin Mastery Scale. * $p < .01$, ** $p < .001$, one-tailed.

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TABLE 3 Predictors of Shame

Variable	Shame						
	Model 1 B	Model 2		Model 3		Model 4	
		B	95% CI	B	95% CI	B	95% CI
Constant	51.60***	21.14***	[19.97, 26.31]	37.93***	[33.00, 42.82]	35.00***	[29.81, 40.18]
Stage1 vs. 6	7.40*	3.33	[-2.25, 8.90]	1.38	[-4.05, 6.80]	-0.48	[-5.98, 5.02]
Stage2 vs. 6	10.80**	4.61	[0.11, -0.99]	3.96	[-1.46, 9.39]	1.48	[-4.12, 7.06]
Stage3 vs. 6	16.05***	10.09***	[0.00, 6.09]	8.69***	[4.80, 12.58]	6.67**	[2.62, 10.72]
Stage4 vs. 6	4.63***	1.09	[0.27, -0.86]	0.75	[-1.14, 2.64]	0.36	[-1.54, 2.25]
Stage5 vs. 6	1.91	-0.23	[-2.77, 2.31]	-0.45	[-2.91, 2.02]	0.12	[-2.57, 2.33]
AEQ		0.42***	[0.00, 0.37]	0.34***	[0.30, 0.39]	0.32***	[0.28, 0.37]
PMS				0.90***	[-1.13, -0.66]	-0.83***	[-1.07, -0.60]
IHP						0.26**	[0.11, 0.41]
R ²	.07***	.34		.38		.39	
ΔR ²		.27***		.04***		.01**	

Note. N = 855. CI = confidence interval. *** $p < .001$, ** $p < .01$, * $p < .05$.

(Model 2) reduced stage contribution solely to Stages 1 and 4 relative to Stage 6, and added an additional 17% to the prediction of personal mastery. Model 3 incorporated ambivalence over emotional expression into the equation, contributing an additional 5% but reducing contribution by stage to Stage 1 relative to Stage 6. Adding internalized homophobia (Model 4) added an additional 1% to the prediction of personal mastery but eliminated contribution by stage. The final prediction equation (Model 4) evidenced shame, ambivalence over emotional expression, and internalized homophobia accounted for 27% of the variance in predicting personal mastery (see Table 4).

Stages of identity formation significantly contributed to the prediction of internalized homophobia. Stages 1, 2, 3, and 4 relative to Stage 6 were significant at Model 1, accounting for 21% of the variance. Adding shame to the equation (Model 2) contributed an additional 8%. Inclusion of ambivalence over emotional expression contributed an additional 2% to the prediction

TABLE 4 Predictors of Personal Mastery

Variable	Personal Mastery						
	Model 1 B	Model 2		Model 3		Model 4	
		B	95% CI	B	95% CI	B	95% CI
Constant	10.88***	16.43***	[15.55, 17.30]	18.13***	[17.18, 19.09]	18.59***	[17.62, 19.57]
Stages 1 vs. 6	-2.98**	-2.19**	[-3.74, -0.63]	-1.94**	[-3.45, -0.43]	-1.33	[-2.86, 0.20]
Stages 2 vs. 6	-1.95*	-0.79	[-2.35, 0.77]	-0.40	[-1.92, 1.12]	0.38	[-1.18, 1.93]
Stages 3 vs. 6	-2.74***	-1.02	[-2.15, 0.11]	-0.86	[-1.96, 0.24]	-0.24	[-1.37, 0.90]
Stages 4 vs. 6	-1.09***	-0.59*	[-1.13, -0.05]	-0.31	[-0.84, 0.22]	-0.19	[-0.71, 0.34]
Stages 5 vs. 6	-0.66	-0.46	[-1.17, 0.25]	-0.26***	[-0.94, 0.43]	-0.35	[-1.04, 0.33]
ESS		-0.11***	[-0.12, -0.09]	-0.07***	[-0.09, -0.05]	-0.07***	[-0.08, -0.05]
AEQ				-0.05***	[-0.07, -0.04]	-0.05***	[-0.06, -0.03]
IHP						-0.08***	[-0.12, -0.04]
R ²	.04***	.21		.26		.27	
ΔR ²		.17***		.05***		.01***	

Note. N = 855. CI = confidence interval. *** $p < .001$, ** $p < .01$, * $p < .05$.

TABLE 5 Predictors of Internalized Homophobia

Variable	Internalized Homophobia						
	Model 1 B	Model 2		Model 3		Model 4	
		B	95% CI	B	95% CI	B	95% CI
Constant	13.56***	7.17***	[5.78, 8.56]	11.39***	[9.19, 13.60]	9.44***	[6.97, 11.91]
Stage 1 vs. 6	8.69***	7.77***	[5.32, 10.22]	7.21***	[4.79, 9.64]	7.14***	[4.73, 9.55]
Stage 2 vs. 6	11.24***	9.85***	[7.40, 12.31]	9.67***	[7.24, 12.09]	9.46***	[7.05, 11.88]
Stage 3 vs. 6	9.58***	8.25***	[6.50, 10.00]	7.85***	[6.11, 9.59]	7.40***	[5.56, 9.15]
Stage 4 vs. 6	2.40***	1.16***	[0.76, 2.47]	1.51***	[0.67, 2.36]	1.47**	[0.63, 2.32]
Stage 5 vs. 6	-0.72	-1.20	[-2.32, -0.09]	-1.26*	[-2.37, -0.16]	-1.24*	[-2.33, -0.15]
ESS		0.09***	[0.11, 0.62]	0.072***	[0.05, 0.09]	0.06***	[0.03, 0.07]
AEQ				-0.26***	[-0.36, -0.15]	-0.21***	[-0.32, -0.10]
PMS						0.05*	[0.02, 0.08]
R ²	.21***	.29		.31		.32	
ΔR ²		.08***		.02***		.01**	

Note. N = 855. CI = confidence interval. ****p* < .001, ***p* < .01, **p* < .05.

equation of internalized homophobia, with all stages as significantly contributory. Final addition of personal mastery (Model 4) added 1% to the total prediction of internalized homophobia, with 39% of the variance accounted for (see Table 5).

Finally, stages of identity formation significantly contributed to the prediction of ambivalence over emotional expression. Model 1, testing for stages found 6% of the variance accounted for by knowledge of stage of identity formation, with all stages significantly contributory. Adding shame to the equation (Model 2) added a 28% to the variance accounted for, while reducing contribution by stage to Stage 2 and 4 relative to Stage 6. Adding personal mastery to the equation contributed an additional 4% to the model (Model 3), reducing stage contribution to Stage 4 relative to Stage 6. The full model (Model 4) incorporating internalized homophobia indicated an increment of 2% to the prediction equation, with Stage 4 relative to Stage 6, shame, and personal mastery continuing to be contributory (see Table 6).

TABLE 6 Predictors of Ambivalence Over Emotional Expression

Variable	Ambivalence over Emotional Expression						
	Model 1 B	Model 2		Model 3		Model 4	
		B	95% CI	B	95% CI	B	95% CI
Constant	68.57***	32.16***	[28.10, 36.22]	51.18***	[44.81, 57.55]	45.56***	[38.84, 52.29]
Stage 1 vs. 2	9.83*	4.60	[-2.67, 11.87]	2.07	[-5.01, 9.15]	-1.26	[-8.39, 5.87]
Stage 2 vs. 6	14.51**	7.29*	[-0.01, 14.58]	6.38	[-0.70, 13.40]	1.87	[-5.37, 9.11]
Stage 3 vs. 6	14.37***	3.04	[-2.25, 8.33]	1.86	[-3.27, 7.00]	-1.58	[-6.86, 3.70]
Stage 4 vs. 6	8.51***	5.25***	[2.73, 7.77]	4.56***	[2.12, 7.01]	3.77**	[1.33, 6.21]
Stage 5 vs. 6	5.14*	3.80	[0.50, 7.10]	3.27	[0.06, 6.47]	3.76*	[0.58, 6.93]
ESS		0.71***	[0.63, 0.78]	0.58***	[0.50, 0.66]	0.54***	[0.46, 0.62]
PMS				-1.16***	[-1.46, -0.85]	-1.03***	[-1.34, -0.73]
IHP						0.46***	[0.27, 0.65]
R ²	.06***	.34		.38		.39	
ΔR ²		.28***		.04***		.02***	

Note. N = 855. CI = confidence interval. ****p* < .001, ***p* < .01, **p* < .05.

MANOVA was conducted to test differences among the 6 groups as identified by the SAM score, across dependent variables of the Experience of Shame Scale, the Internalized Homophobia Scale, the Ambivalence over Emotional Expression Questionnaire, and the Pearlin Mastery Scale. Using Pillai's trace statistic, there was a significant effect of stage across variables, $V = .47$, $F(20, 1868) = 12.44$, $p > .001$. The MANOVA was followed up with discriminant analysis, which revealed two discriminant functions. The first explained 93.1% of the variance, canonical $R^2 = .42$ whereas the second explained 4.9%, canonical $R^2 = .04$. In combination these discriminant functions significantly differentiated groups, $\Lambda = .55$, $\chi^2(20) = 277.66$, $p > .001$, and removing the first function indicated that the second function was also able to significantly differentiate groups, $\Lambda = .95$, $\chi^2(12) = 24.43$, $p > .05$. The correlations between the outcomes and the discriminant functions revealed that the measure of internalized homophobia loaded highly on the first function, but not the second ($r = .99$ on the first function and $-.06$ on the second) while the measure of ambivalence over emotional expression, while loading on first function ($r = .33$) loaded more on the second ($r = .91$).

ANOVA was used to test for differences among the six identity formation group stages across each variable. ANOVA indicated there were significant differences in stage allocation measures across all variables. There was a significant effect of stage on shame, $F(5, 467) = 9.22$, $p < .001$, $r = .30$; on internalized homophobia, $F(5, 467) = 66.12$, $p < .001$, $r = .64$; on ambivalence over emotions, $F(5, 467) = 10.46$, $p < .001$, $r = .32$; and on personal mastery, $F(5, 467) = 8.043$, $p < .001$, $r = .28$. Post-hoc analyses using the Bonferroni correction evidenced generally diminishing mean scores across stages on measures of shame, ambivalence over emotional expression, and internalized homophobia, and increased significant mean score differences on personal mastery.

DISCUSSION

Historically, the study of sexual minority identity formation began within a theoretical context which focused on the cognitive challenges of LGB identity emerging in a hostile social context, principally through internalized homophobia, subsequent intrapsychic dissonance, and ultimate resolution through replacing negative attitudes toward homosexuality with positive ones (Morrow, 2006; Szymanski et al., 2008). Less attention was paid to the progression of affective dimensions influencing development and identity. More recent studies on shame and other emotions have attempted to correct for this imbalance (Herek, 2004; Kaufman & Raphael, 1996; Nathanson, 1992). The present exploratory study is an addition to recent literature incorporating affective-cognitive components in understanding sexual minority identity development.

Literature on sexual minorities has focused on numerous characteristics regarding the developmental process and sequelae of sexual identity formation, with little agreement as to underlying constructs or their relationships to each other. Studies of internalized homophobia (Mayfield, 2001; Maylon, 1982; Nungesser, 1983; Szymanski & Carr, 2008; Weinberg, 1972), shame (Kaufman, 1989; Kaufman & Raphael, 1996), sexual orientation identity formation (Cass, 1979, 1984; Coleman, 1981–1982; Chapman & Brannock, 1987; McCarn & Fassinger, 1996), ambivalence over emotional expression (King & Emmons, 1990; Meyer, 2003), and empowerment (Berzon, 2001; Morrow, 1992) have emerged, each emphasizing various theoretical or factorial underpinnings. The present study investigated Cass's (1984) broadly cited theoretical model of stages of identity formation to explore shame and associated variables of internalized homophobia, ambivalence over emotional expression, and personal mastery across stages of identity development in order to clarify relationships among these variables.

Our primary findings partially support Cass's stage model of sexual minority identity development as a linear process of stage progression. Stages of identity formation predicted shame, personal mastery, internalized homophobia, and ambivalence over emotional expression. As such, a greater understanding of these largely overlapping characteristics provides a richer appreciation of both the affective and cognitive dimensions of the process of sexual minority identity formation and their interrelationships. This is especially evidenced with contributions of shame, ambivalence over emotional expression, and internalized homophobia to the prediction of sexual minority personal mastery. Further, shame, ambivalence over emotional expression, and, to a lesser extent, internalized homophobia each appears to partially mediate the relationship between stages of identity formation and personal mastery, suggesting their negative and inhibiting influence on self-acceptance and concomitant self-empowerment.

Mean score differences on variables of shame, internalized homophobia, ambivalence over emotional expression and personal mastery empirically corroborate Cass's account of developmental changes across stages of identity formation. The overall progression of mean scores suggests that within an affective-cognitive framework, Cass's model remains an important theoretical articulation of sexual minority development by generally differentiating lower and higher stage acquisition across variables.

Shame was comparable to other research findings specific to Chinese lesbians on this measure (Chow & Cheng, 2010). As found by researchers investigating shame and internalized homophobia in gay men in Australia (Brown & Trevethan, 2010), shame also correlated with internalized homophobia in this U.S. sample across the spectrum of sexual minorities. Further, as hypothesized by Kaufman and Raphael (1996), shame was negatively correlated with early stages of identity formation. Findings that shame demonstrated a large positive correlation with ambivalence over emotional

expression, and a large negative correlation with personal mastery support Tomkins's (2008) and other's (H. Lewis, 1971; M. Lewis, 1992; Nathanson, 1992; Scheff, 2006; Wurmser, 1981) assertions that shame is marked by emotional ambivalence and feelings of self-defeat.

The relationship between shame and Cass's stage of Identity Tolerance was also of interest. It would seem intuitively obvious that simple tolerance of one's sexual orientation would be accompanied by feelings of shame. Yet this finding is meaningful because it suggests the importance of considering how affective features may be involved in sexual minority identity formation. Although shame appears to diminish with later developmental identity stage acquisition, the fact that shame was solely predicted by Identity Tolerance suggests that attainment of higher stages of sexual minority identity may not result in the resolution of shame. While evidence of acceptance, integration, and pride in sexual minority identity may exist, practitioners cannot assume an absence of shame or lack of client need to address shame psychotherapeutically. The long-term impact of deeply entrenched shame occurring through histories of social stigma and cultural prejudice is not fully understood. Recent literature suggests a link between shame and posttraumatic stress disorder (Leskela, Dieperink, & Thuras, 2002) and provides some insight as to the possible emotional damage created by chronic shame states, in spite of the most developed or advanced sexual minority identity. In addition, shame's etiology cannot be reduced solely to sexual minority identity formation, and requires therapeutic exploration outside of sexual identity development in LGB populations. Thus, the expanse of shame may be a much broader category than that which is encompassed by sexual identity development.

The finding that sexual identity development marginally predicted shame is reinforced by findings between personal mastery and sexual identity formation. While personal mastery demonstrated directional changes across stages of identity formation when compared to the final stage of identity synthesis, individual stages did not ultimately contribute to its prediction with the inclusion of shame, ambivalence, and internalized homophobia. Again, apparent resolution of sexual minority identity may occur regardless of belief or disbelief in one's capacities to affect one's problems or perceptions of oneself as having control over one's destiny. In other words, LGB people may be highly developed in terms of their sexual identity formation and yet lack a strong sense of personal mastery. This may be important information for clinicians assisting LGB populations. For example, a client who has a fully developed, self-accepting, and integrated sexual identity may work for a homophobic company that outwardly discriminates against sexual minorities. This client may feel very little personal mastery over this dilemma and use therapy as a forum through which to navigate sustaining a strong and healthy sense of self while spending every day in a hostile and discriminatory environment. Depression, anxiety, and other symptoms may be present as a

consequence of environmental heterosexism and homophobia, and simply concentrating on sexual identity development may not be the most effective treatment focus. Assisting in identifying and empathizing with feelings of shame evoked by devaluing situations, facilitating direct expression of feelings potentially inhibited by situations of oppression, and promoting discussion of options with regard to self-assertion within or outside of one's present environment may further promote LGB client self-empowerment within a psychotherapeutic context.

The results of statistical discriminate analysis suggest that internalized homophobia and emotional ambivalence best captured Cass's sequence of identity stage development. Thus, resolution of internalized homophobia and associated emotional ambivalence would seem to facilitate the process of self-acceptance and integration of sexual identity. Findings also suggest that internalized homophobia resolves at an earlier developmental stage of sexual identity formation than ambivalence over emotional expression. This result would make sense given the challenging interpersonal requirements inherent in healthy emotional expression within potentially discriminatory environments compared to more cognitive, attitudinal concerns associated with reducing internalized homophobia. Ambivalence over emotional expression may reveal the stirrings of conflict and accompanying dissonance (Festinger, 1957), self-relevant discrepancies (Abelson, 1983; Steele, 1988), or, according to affect theory, increased emotional urgency (Tomkins, 2008). Contributions of internalized homophobia to the prediction of ambivalence over emotional expression would indicate their complicity, suggesting that conflicts about sexual minority identity may promote difficulties with emotional expression. Our results suggest that practitioners working psychotherapeutically with sexual minorities should look for signs of emotional ambivalence in addition to features of internalized homophobia, disempowerment, and shame. It is noted that identity pride does not preclude the possibility of ongoing conflicts inherent in the process of embracing a stigmatized identity reflected by emotional ambivalence. Nexus with religious, familial, educational, economic, and other institutions of mainstream society, as well as multiple identities of race, gender, and class all intersecting with sexual minority identity establishment, may evoke continuing distress of ambivalence over emotional expression, shame, disempowerment, and internalized homophobia due to conflicting or co-existing loyalties, identities, and relationships.

In summary, this study suggests that the relationships between shame, internalized homophobia, ambivalence over emotional expression and personal mastery are significant in understanding identity stage development. More sophisticated knowledge of these variables and their relationships can provide important information to psychotherapists working with LGB populations in developing effective clinical strategies. Results particularly apply to those clients struggling with processes of self and interpersonal

acceptance and underscore the importance of attention to affect in clinical work. Conceptualizing identity formation as an emotionally simple, culturally disembodied, completely linear, and uniform process does not fully allow for a meaningful contextualization of current clinical issues and barriers to treatment affecting LGB populations. Although Cass's model has guided our early thinking about identity formation, and is partially supported by this study, our data would also suggest that inclusion of affective variables is critical to a fuller grasp of a client's identity development. Further study is required to explore relationships between shame, personal mastery, and identity development, particular given research that would suggest the importance of personal mastery in mitigating depressive symptoms in response to perceived discrimination (Jang, Chiriboga, Kim, & Rhew, 2010). However, we suggest that identity pride or synthesis is limited in fully protecting sexual minorities from the emotional turmoil or psychic effects associated with societal discrimination or prejudicial events related to one's minority status.

Limitations

Any generalization of the present study is limited by sampling features of this predominantly Caucasian and highly educated group. The study is also limited by its generalized grouping across LGB populations and requires further verification specific to individual LGB subgroups. In addition, low reliability on the Pearlin Mastery Scale makes interpretation of results on this measure of personal mastery problematic. Further research is needed with sexual minorities, ages, and educational levels to define how variables of shame, internalized homophobia, ambivalence over emotional expression, and personal mastery distribute across stages of identity development. In addition, the study would profit from repetition with another large sample in order to assess accuracy of prediction equations. As has been noted since the beginning of studies on sexual minority identity development, research hypotheses would be best tested longitudinally (Cass, 1984; D'Augelli, 1996). Research in this area also has consistently suffered from limited sampling of those who do not self-identify as LGB but who have same-sex sexual and romantic relationships, and those of earliest identity formation ranges who may choose not to participate in studies on LGB identity (Shidlo, 1994).

An additional area of research not addressed by the present study is the influence of potential concealability of stigma of sexual minority identity and its impact on shame, attitudes toward one's identity group, ambivalence over emotional expression, and personal mastery relative to other stigmatized groups (e.g., Akerlund & Cheung, 2000; Pachankis, 2007; Frable, Platt, & Hoey, 1998). Another area of attention not considered in the present study is the importance of cultural differences influencing these variables (Bereket & Adam, 2008; Graziano, 2004; Whitam, Daskalos, Sobolewski, & Paditla,

1998). Finally, the specific trajectory of identity development across sexual and gender identity spectrums is an essential area of future research (Balsam & Mohr, 2007; Fox, 1996; Diamond, 2005; Diamond & Butterworth, 2008; Renn, 2007; Thompson & Morgan, 2008).

CONCLUSION

This study underlines the importance of identity stage development as an affective-cognitive developmental process. Assessment of stage level of sexual minority identity formation is a vital component in the evaluation process when providing affirmative LGB psychotherapy in light of present findings (Ritter & Terndrup, 2002). It is recommended that later stages of sexual identity acquisition not be confused with assumptions of resolution of ambivalence over emotional expression, shame, or personal mastery but rather be considered idiographically according to unique client need. Finally, it is emphasized that attention to affect is an essential component of any successful psychotherapeutic treatment modality when working with sexual minority clients (Kaufman & Raphael, 1996).

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