The Coming Out Process: Developmental Stages for Sexual Minority Youth
Victor G. Carrion and James Lock

Clin Child Psychol Psychiatry 1997 2: 369
DOI: 10.1177/1359104597023005

The online version of this article can be found at:
http://ccp.sagepub.com/content/2/3/369

Published by:
SAGE
http://www.sagepublications.com

Additional services and information for Clinical Child Psychology and Psychiatry can be found at:
Email Alerts: http://ccp.sagepub.com/cgi/alerts
Subscriptions: http://ccp.sagepub.com/subscriptions
Reprints: http://www.sagepub.com/journalsReprints.nav
Permissions: http://www.sagepub.com/journalsPermissions.nav
Citations: http://ccp.sagepub.com/content/2/3/369.refs.html

>> Version of Record - Jul 1, 1997

What is This?
The Coming Out Process: Developmental Stages for Sexual Minority Youth

VICTOR G. CARRION & JAMES LOCK
Department of Psychiatry, Stanford University, USA

ABSTRACT
This work describes the developmental process of coming out in gay and lesbian youth. The case is made for the need to identify developmental stages during this process. We address how identity formation is affected by societal intolerance during the process of coming out. To explain this process, we present a psychodynamic model within a sociocultural framework. A review of the literature was undertaken to explore the relevance of the social context in which this internal process takes place. Based on the review of the literature and a clinical understanding of the coming out process, a stage model is proposed that describes the chronology of events that characterizes this process. Societal intolerance can be detrimental to healthy identity formation. There is a need to research the process of identity formation in sexual minority youth.

KEYWORDS
coming out, gay youth, homophobia, identity formation, societal intolerance

SOCIETAL INTOLERANCE of non-heterosexual feelings and behaviors brings stress and conflict. Stress arises when individuals recognize that an integral aspect of who they are is the basis for being treated differently. For homosexual and lesbian individuals

ACKNOWLEDGEMENT: This article was presented as a paper for Grand Rounds at Stanford University, Division of Child Psychiatry and Development on 20 March 1996.

VICTOR G. CARRION, MD, is a Child and Adolescent Psychiatry Fellow and a NIMH Research Fellow at the Department of Psychiatry, Division of Child Psychiatry, Stanford University, CA.

CONTACT: Department of Psychiatry, Division of Child Psychiatry, Stanford University, 401 Quarry Road, Stanford, CA 94305–5540, USA.

JAMES LOCK, MD, PhD, is an Assistant Professor in the Department of Psychiatry, Division of Child Psychiatry, also at Stanford.

Clinical Child Psychology and Psychiatry ISSN: 1359–1045 Copyright © 1997

369
stress brought about by societal intolerance makes the process of acknowledging a homosexual orientation a turbulent life event.

The most important institutions of our society fail to acknowledge the socially and anthropologically supported spectrum of human sexuality. These institutions reflect the intolerant treatment of people who are not heterosexual. It was only in 1972, and then with much disagreement, that the American Psychiatric Association decided to remove homosexuality from its diagnostic and statistical manual of mental disorders (Bayer, 1987). Other institutions such as education, government and religion marginalize or ignore the significance and reality of sexual diversity.

We propose that societal intolerance during the coming out process impairs homosexual persons’ abilities to develop their identity in relation to the society as a whole and this may increase the risk for mental health problems in this group. We also propose that a developmentally derived stage schema could facilitate the understanding of the coming out process that is unknown to many clinicians. Such a schema could also help identify individual differences in the process that might require differential assistance. Developmental stages for sexual minority youth could also assist the clinician in tailoring different therapeutic approaches for individuals who find themselves at different levels of acceptance. Finally, analyzing this process could uncover either extrinsic or intrinsic forces that place these persons at risk.

Literature review

To explore the hypothesis that societal intolerance is detrimental to the healthy coming out development and to help develop a stage model for coming out, we conducted a literature review studying the areas of identity formation, sexual orientation and homophobia.

A Medline and Psych Info search was conducted for articles that addressed coming out and health risks, minority issues and homophobia, and identity and adolescence. A total of 60 papers were evaluated. A general review was conducted on books that addressed development of self and identity.

Coming out

The term coming out has definitions ranging from the outward expression of one’s sexuality to the process by which sexual orientation is incorporated in the individual’s identity. The earliest references to the term coming out are from the mid to late 1960s. Difficulties with the concept were quick to arise. The definitions of the term varied from study to study. These early studies were descriptive studies of open interviews allowing the subjects, always males, to define the term themselves. As early as 1969, Sengers defined the concept as ‘self-acceptance’ (Gonsoriek & Rudolph, 1991).

By the 1970s therapists started recognizing common themes in the struggles of their homosexual clients and many of them formulated these in stages (Cass, 1979; Coleman, 1982; Dank, 1971; Lee, 1977; Plummer, 1975; Troiden, 1979). Although there are individual differences, these models are characterized by initial defensiveness, gradual recognition and tolerance, eventual experimentation and a final acceptance of a homosexual identity (Gonsoriek & Rudolph, 1991; Sullivan & Schneider, 1987).

In 1987, Sullivan and Schneider revisited the term and criticized existing models as disparate in scope, perspective and emphasis. Cass, in 1979, emphasized the cognitive aspects of coming out, arguing that cognitive dissonance motivates the person to come out. Others concentrated on behavioral aspects of the process: self-disclosure, involvement in the homosexual community (Sullivan & Schneider, 1987).
THE COMING OUT PROCESS

**Individual and family factors**

A variety of factors affect the coming out process. Research into the importance of psychosocial support in the stress-coping model of psychologic illness suggests that environmental stressors interact with the individual, predicting a range of possible resolutions of a life event (Moos, 1992). The following factors can be considered to be influential in the coming out process:

- the individual’s social experience
- the individual’s family experience
- the support that the individual receives from either group

Other factors influence this process, including an individual’s personal capabilities such as temperament, cognitive abilities and defense styles.

Unfortunately, family rejection is common (Hammelman, 1993; Remafedi, Farrow & Deisher, 1991). Sexual minority youth experience family and peer rejection, marginalization and victimization. Twenty-six percent of homosexual youth leave home because of conflicts with their families over sexual identity. The severity of this rejection ranges from not allowing them to bring friends home to physical abuse (Remafedi, 1994). This rejection adds to the demands on available support systems. Research with racial and ethnic minorities demonstrates that belonging to a group that is discriminated against adds demands and is a greater burden to whatever support systems are available (Fillmore & Britsch, 1988).

**Social intolerance, identity development and the development of psychopathology**

Erikson (1946) conceived of identity as being based on two simultaneous observations: the immediate perception of one’s self-sameness and continuity in time; and the simultaneous perception that others recognize one’s sameness and continuity. Other identity theorists have elaborated on this. Work by Marcia, Blos and Kegan all view identity formation as an individual developmental process, but also one that is altered and affected by the social environment (Kroger, 1989).

The specific aspect of oneself as a sexual person can be conceived as consisting of three major components: gender-role behavior, understanding of masculinity and femininity; sex or gender identity, acknowledgement of male or female gender; and sexual orientation, the anatomical category of persons one finds erotically exciting (Green, 1987; Money & Erhardt, 1996). Each of these interact with overall identity processes.

Social opposition to the diversity of sexual orientation filters down from institutions to the local environment of developing children. Examples of peer rejection include: friends’ fears that they too will be categorized as homosexual by association; friends following orders from their parents to break relationships; difficulties making new friends; and a fear of AIDS. Being called ‘homosexual’ or ‘lesbian’ is reported to be the worst type of harassment among high schoolers, even worse than physical abuse (Remafedi, 1994). Increased risk to the exposure of violence is seen by verbal assaults such as name-calling and threats and physical assaults such as being beaten up or murdered (Savin-Williams, 1994). It has been estimated that 45 percent of homosexual males and 20 percent of lesbian females experience verbal or physical assault in high school (Remafedi, 1994). Hate crimes are crimes committed by prejudice to any personal attribute: race, sexual orientation, gender, ethnic background. In 1995 there were 350 hate crimes committed against homosexuals reported in San Francisco. Evidence suggests that there are increasing rates and severity of such hate crimes (San Francisco Chronicle, 1996). Attempts to avoid violence may lead to truancy and its detrimental
ramifications. Twenty-eight percent of homosexual youth drop out of school because of harassment due to their sexual orientation (Remafedi, 1994). In these ways, societal intolerance has a major influence in the derangement of a healthy coming out development and this stressor may manifest itself in a spectrum of chronicity and magnitude affecting identity formation.

The relevance to psychiatry of the process of coming out stems not only from its links to identity formation but because of the mental health implications resulting from this process. No study documents that increased psychopathology is inherent to homosexuality. Existing studies conclude that there is no distinctive personality or maladjustment in homosexual men (Haldeman, 1994; Hart, Roback, Tittler, Weitz, Walston & McKee, 1978; Hooker, 1957, 1969). Instead, it is likely that the isolation, ridicule and humiliation that arise from societal intolerance has an effect on these individuals' identity formation. This attack on self-esteem may lead to self-loathing and difficulties managing the challenge of the coming out process. Delay in recognition of sexual orientation can increase the likelihood of a poor self-image (Isay, 1991). This may increase the risk for the development of conditions such as depression, suicidality, addictive disorders, promiscuity, substance abuse, anxiety disorders, sexual dysfunction and post-traumatic stress disorder (PTSD) (Lock & Kleis, 1996). This may be why in some reports homosexual youth are two to three times more likely to attempt suicide than are other young people, why 30 percent of this population has problems with alcoholism compared to 3 percent in the general population, and why anxiety, depression and school truancy are common risks (USDHSS, 1989).

From this literature review we can conclude that there is a substantial literature addressing the existence of the coming out process as a social phenomenon. There is a need to understand this process due to the mental health implications associated with societal intolerance. A developmental stage model that incorporates social experience, biological proclivities and psychodynamic processes could offer a more comprehensive theory than existing cognitive and behavioral models.

**Proposed stage model for the coming out process**

While presenting a schematic design of the coming out process and definitions of its stages, we address the influence of societal intolerance and the individuals' interpretation of this stressor. Classification of these stages and awareness of the individual's stage at presentation become essential as one assesses risks and evaluates recommendations for a healthy completion of the process.

In contrast to the previously discussed models that have either a cognitive or behavioral frame of reference, the proposed model uses a developmental schema that incorporates biological and psychological components.

Figure 1 presents a schematic diagram of psychodynamic developmental stages for the coming out process.

**Stage 1. Internal discovery of the sexual orientation** While acknowledging that the following reactions are not exclusive, we propose the individual may respond in one of four ways to the initial awareness of the sexual orientation:

- **Bewilderment** – A healthy reaction, a period of wonder and curiosity, and the individual does not feel threatened, the individual feels interested and encouraged.
- **Shame** – The individual is ashamed of the perceived wrong physical excitement. Feeling different is threatening. The individual fears rejection, abandonment and dislike if this difference is acknowledged.
Figure 1. A schematic diagram of the eight psychodynamic developmental strategies for the coming out process.

- **Minimization** – This reaction characterizes an attempt to diminish the importance of sexual feelings. These individuals usually do not see themselves as homosexual, but view their homosexual feelings as indicating bisexuality or as a phase they will get over.
- **Denial** – Such a defense occurs when individuals cannot begin to explore their sexual orientation because they are overwhelmed by internal conflict.
Regardless of the individuals’ reaction to Stage one, they will eventually confront the second stage.

**Stage 2. Inner exploration of attraction to sexual object**  
The successful completion of the second stage depends on the individual’s reaction to the first stage and the kinds of personal and the social support available.

The continuous biological physical maturation forces the individual to explore and define sexual attraction. Depending on the initial reaction to the first stage, the individual may face the second stage in a number of ways (see Figure 1).

If the individual responded initially with bewilderment, this mental exploration shifts from being perceived as an extrinsic process to a more intrinsic one. Not only ‘something is happening’, but ‘something is happening to me.’ This ‘happening’ starts to become part of who one is and hence an early acceptance of sexual orientation becomes internalized.

However, if shame results from the first stage and the influential factors have not changed, the forced confrontation with Stage 2 will compound the sense of shame and the individual becomes demoralized and this diminishes self-esteem. Family members are usually unaware of the crisis. However, if they are aware, this does not mean that they will choose to be supportive. It is possible that this sense of shame might have been precipitated in part by familial expectations and prejudice.

Research demonstrates that someone with shame will rarely seek help through supportive organizations (Brewin & McCarthy, 1989). Thus, psychiatric interventions may be the only support the individual will have available. Sometimes such persons may choose therapeutic approaches which reinforce shame, such as those proposed by Rekers and others (Rekers, 1988).

If denial becomes less effective, an inner conflict develops characterized by the wish to have a different sexual orientation vs the perceived reality of the homosexual attraction. The wish vs reality conflict can be resolved in one of three ways. If individuals resolve the conflict by accepting reality, they could move to the healthy path by means of an early acceptance of the sexual orientation. If, on the other hand, the conflict is resolved by rejecting the sexual orientation, denial can become greatly strengthened and utilized as a barrier to self-acceptance. This denial may persist unless circumstances catalyze further inner exploration of sexual orientation, or the individual minimizes the importance of sexual orientation. This is a conflict-ridden period and the stress of this, exacerbated by the unavailability of supportive resources, may lead to psychopathology. It is very important to understand that it is not the individual’s sexual orientation or the coming out process itself, but this unresolved conflict or the lack of support that precipitates shame.

The individual who thinks of sexual feelings as inconsequential may also develop a conflict with continued exposure to sexually stimulating persons. This conflict is characterized by the minimization of feelings in the face of increasing exposure to the reality of their sexual orientation. When individuals continue to minimize, they may engage in behavior or thought processes that increase their difficulties leading to ambivalence in interpersonal relationships and dysfunctional social or familial interactions. Sexual exploration may occur without integration of sexual orientation into their identity, leading to more inner conflict.

We propose that only after attaining an acceptance of the sexual orientation can the individual proceed to the third stage of the coming out process.

**Stage 3. Early acceptance of an integrated sexual self**  
A congruence between sexual orientation and self-identity occurs. When individuals are able to accept this and to integrate
THE COMING OUT PROCESS

it into their identity, congruence begins. Only after the individual accepts the discovery of the attraction to the same sex as an intrinsic phenomenon that is not disturbing, can that person allow it to become part of who he or she is. The individual realizes that accepting these feelings does not threaten identity and hence congruence between the two may develop, and this leads to the fourth stage.

Stage 4. Congruence probing The individual has now attained the minimal psychological, biological and social preparedness to begin testing the congruence of sexual orientation with self-identity. Sexual behavior is one way to test this congruence. If the individual is not prepared for sexual behavior, regression into any of the former stages may take place.

It should be pointed out that early sexual experiences and fantasies are important times for most individuals and not only for those who are homosexual. It should not be assumed by those treating such individuals that issues of guilt, inappropriateness and difficulties forming relationships result from problems with the coming out process. Instead a general assessment of the individual’s sexuality and capability of forming interpersonal relationships should be explored.

After Congruence Probing has taken place, the individual discovers that there are other homosexual people. The sense of community coming from significant supportive relationships or the influence of support groups help the individual towards the fifth stage.

Stage 5. Further acceptance of an integrated sexual self One could say that this is when ‘coming out’, defined as telling others about one’s sexuality, begins. Individuals need to have attained the prior stages in order for this self-disclosure to be a positive event (Lock & Kleis, 1996).

Once in this stage, regression is less likely. However there is no immunity to the societal intolerance and its effects described earlier. Most individuals then proceed through the last three stages, at a rate related to their life experiences.

Stage 6. Self-esteem consolidation This evaluation process is another challenge for homosexual individuals. As they begin to accept their sexual orientation as an integrated aspect of identity, conflicts may develop. These conflicts are characterized by the way they perceive themselves versus the way they are seen by others. A negative social appraisal contradicts and impedes self-esteem consolidation. To resolve this, they begin to take control of this process and inform others of their sexual orientation. This is a period of further exploration, and, with newly found knowledge, the individual gains greater appraisal and self-acceptance.

Stage 7. Mature formation of an integrated self-identity The congruence between sexual orientation and identity transcends the sexual sphere, and congruence between sexual orientation and identity in general develops. Further acceptance of the sexual orientation helps to foster pride in the individual’s identity. These individuals attain a newly discovered sense of comfort with who they are, and others’ opinions do not dictate their level of self-acceptance. Only at this level can the individual be prepared for the final stage that will guarantee the continued growth of the Integrated Identity.

Stage 8. Integrated self-identity within a social context With a mature, well-developed, personality the individual is prepared to enrich society. This last stage fulfills many purposes: on one hand, it helps improve society’s understanding in order to help those who are or will be undergoing the coming out process in the future; on the other hand, it further nourishes and expands an integrated identity.
This developmental stage model attempts to elucidate a complex phenomenon. It describes the process that occurs from the moment individuals acquire initial conscious awareness of their sexual orientation to when they integrate their sexuality into their identity. This stage model describes this as a normal process that is mediated by the effects of societal intolerance and the availability of internal and external supports.

Conclusions

Homosexual adolescents are faced with all the decisions any adolescent faces, but they also must manage the meaning and expression of their sexuality in the face of severe social intolerance. To understand the management of this challenge and elucidate the detrimental effects that result from societal intolerance during identity formation, we feel that more research is necessary. Longitudinal, life-span investigations with life-course trajectories with quantitative and qualitative research strategies have been suggested (Boxer & Cohler, 1989). Others point at the need for new directions for identity theory and research with in-depth interviews and clinical observations (Kroger, 1989).

There is a need to understand the coming out process in order to provide homosexual youth with a safe and supportive environment in therapy and to respond to the health risks facing them. The proposed model describes a developmental schema for this process. Our literature review and our clinical experience indicate that societal intolerance can contribute to difficulties in developing a healthy identity during the coming out process. The proposed stage model integrates the roles of interpersonal conflicts and societal intolerance during the process of identity formation during the coming out process. The scientific understanding of identity formation in oppressed individuals is complex and warrants further research.

References


THE COMING OUT PROCESS


