

The Counseling Psychologist

<http://tcp.sagepub.com>

Heterosexual Identity and the Heterosexual Therapist: An Identity Perspective on Sexual Orientation Dynamics in Psychotherapy

Jonathan J. Mohr

The Counseling Psychologist 2002; 30; 532

DOI: 10.1177/00100002030004003

The online version of this article can be found at:
<http://tcp.sagepub.com/cgi/content/abstract/30/4/532>

Published by:

 SAGE Publications

<http://www.sagepublications.com>

On behalf of:



[Division of Counseling Psychology of the American Psychological Association](#)

Additional services and information for *The Counseling Psychologist* can be found at:

Email Alerts: <http://tcp.sagepub.com/cgi/alerts>

Subscriptions: <http://tcp.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations (this article cites 29 articles hosted on the SAGE Journals Online and HighWire Press platforms):
<http://tcp.sagepub.com/cgi/content/refs/30/4/532>

Heterosexual Identity and the Heterosexual Therapist: An Identity Perspective on Sexual Orientation Dynamics in Psychotherapy

Jonathan J. Mohr
Loyola College in Maryland

The purpose of this article is to introduce a model of adult heterosexual identity that may be useful in conceptualizing heterosexual therapists' barriers to and facilitators of effective practice with lesbian, gay, and bisexual (LGB) clients. This model incorporates concepts from theories of identity development, social identity, and attitude formation. The article includes counseling applications of the model's components and ends with presentation of case examples and implications for research and training.

It is generally believed that one of the most promising means of improving standards of mental health care to lesbian, gay, and bisexual (LGB) individuals is to give increased focus to sexual orientation issues in psychotherapist training programs (Phillips, 2000; Phillips & Fischer, 1998). A number of resources are available to enhance such training efforts, including the growing literature on effective practice with LGB clients (e.g., Fassinger, 1991; Perez, DeBord, & Bieschke, 2000) and the guidelines for therapy with LGB individuals that were recently endorsed by the American Psychological Association (2000).

Scant theory has been developed, however, to explain differences among therapists in their work with LGB clients, as well as differences among training experiences in their effects on therapists' attitudes and practice related to sexual orientation issues. In a review article on heterosexism reduction programs, Sears (1997) noted that little attempt has been made to understand the great variability in responses to such programs. For example, research has shown that workshops on LGB issues can reduce or increase therapists' self-reported heterosexist attitudes and assumptions (Cramer, 1997; Israel, 1998; Rudolf, 1989); moreover, questions still remain as to what factors determine the direction of attitude change and why some therapists change more than others. Some writers have begun to articulate issues regarding the supervision of therapists with LGB clients (e.g., Buhrke, 1989; House & Hol-

The author would like to thank Jamila Codrington, Janet Helms, Sue Morrow, Susan Woodhouse, and Roger Worthington for their helpful comments on earlier drafts of this manuscript. Address correspondence to Jonathan J. Mohr, Department of Psychology, Loyola College in Maryland, 4501 North Charles Street, Baltimore, MD 21210. e-mail: jmohr@loyola.edu.

THE COUNSELING PSYCHOLOGIST, Vol. 30 No. 4, July 2002 532-566
© 2002 by the Division of Counseling Psychology.
532

loway, 1992; Russell & Greenhouse, 1997); yet, despite the importance of such work, little theoretical basis exists to guide supervision efforts in increasing therapists' competence with LGB clients.

The purpose of this article is to present a model of sexual orientation identity that can be used to conceptualize differences among heterosexual-identified therapists in ability to work effectively with LGB clients and to profit from various LGB-related training experiences.¹ I propose that biased practice exhibited by heterosexual therapists can be profitably viewed as a manifestation of their efforts to process and respond to sexual orientation issues in ways that foster a positive and coherent identity. In this article, I begin with a brief review of research relevant to therapists' practice with LGB clients. I then offer a model of heterosexual identity using therapy-related examples, describe two extended case examples, and end by discussing some implications for therapist training and research.

RESEARCH ON HETEROSEXISM AND HOMOPHOBIA IN TREATMENT OF LGB CLIENTS

The small body of research on psychotherapy with LGB individuals has indicated that negative attitudes and biased, misinformed clinical practice are still common despite the growing support for LGB-affirmative treatment (Phillips, 2000). For example, negative stereotypes and attitudes toward lesbians and gay men have been linked to low counselor level of moral development (Palma, 1996), clinical bias with LGB clients (Casas, Brady, & Ponterotto, 1983; Mohr, Israel, & Sedlacek, 2001), and counselor avoidance of sexual orientation topics with LGB clients (Gelso, Fassinger, Gomez, & Latts, 1995; Hayes & Gelso, 1993). In a study of career counselors, Bieschke and Matthews (1996) found that one of the best predictors of self-reported LGB-affirmative behaviors and low homophobia was a nonheterosexist organizational climate. This finding is interesting because it suggests the possible influence of context on counselors' work with LGB clients (although it is equally possible that individuals who are LGB affirmative are attracted to organizations with a nonheterosexist climate).

Intuition might suggest that the relation between attitudes and behavior with LGB clients is fairly direct: Counselors with positive attitudes tend to affirm their LGB clients' sexual orientation, whereas those with negative attitudes tend to judge or ignore their LGB clients' sexual orientation. Research suggests that the relation may be more complex, however. For example, the findings on counselor avoidance cited previously were noteworthy for the low levels of negative attitudes found among the counselors. Thus, even the

presence of low levels of homophobia may exert a negative influence on the counseling process. Some research has indicated that individuals with moderately low levels of homophobia may exhibit avoidance not because of antigay beliefs but because of social anxiety due to fear of offending an LGB person (Devine, Evett, & Vasquez-Suson, 1996). In this case, avoidance may be best reduced by helping counselors gain confidence in their ability to demonstrate their lack of prejudice to LGB clients.

A rich source of empirical data on bias in psychotherapy with LGB clients was derived from a major national survey of psychologists (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). The survey was designed to elicit specific examples of biased and sensitive practice from participants. The researchers used content analysis of the data to identify general themes of biased and sensitive practice with LGB clients. Some incidents of biased practice reveal an overt antipathy for LGB clients or a rejection of same-sex attractions as a normal variant of human sexuality. For example, after a lesbian revealed to her male therapist that she was "into women," he stated, "I don't care, I have a client who is 'into dogs.'" (Garnets et al., 1991, p. 967). Such a statement is likely to feel demeaning to LGB clients because it implicitly categorizes same-sex attractions with sexual practices that are widely believed to be pathological. Other incidents do not necessarily indicate such hostile sentiments, however. For example, one participant discussed a therapist who "consistently minimized 'coming-out' fears and homophobia in the culture" (p. 967); another participant described therapists who "have assumed me to be heterosexual" (p. 967). These incidents illustrate ways of processing sexual orientation material that lead to poor practice, yet they seem different in nature from the previous example in that they do not seem to be based in hostility toward people with LGB sexual orientations.

Studies such as these have greatly contributed to knowledge regarding issues relevant to the treatment of LGB clients by heterosexual therapists. However, these studies raise as many questions as they answer. For example, if heterosexist practice does not necessarily reflect negative attitudes, then what other factors might underlie such bias? For what reasons might therapists avoid or forget clinical material related to sexual orientation? Answers to questions such as these require theory that goes beyond the simple view that poor practice with LGB clients is caused only by homophobic and biphobic attitudes. Ideally, theory will be able to explain how therapists' practice with LGB clients is embedded in the larger context of therapists' lives. One way to accomplish this is to view heterosexual therapists' responses to sexual orientation material as an expression of who the therapists are as heterosexual-identified people.

A MODEL OF HETEROSEXUAL IDENTITY

In this section, I formulate a model of heterosexual identity for use as a framework for understanding the apparent diversity in therapists' understanding of sexual orientation issues. At the core of this model is the idea that heterosexual individuals develop beliefs and judgments regarding their own sexual orientation and are motivated to express their heterosexuality in ways that sustain a sense of having a positive and coherent identity. Thus, therapists' work with LGB clients is, in part, a reflection of how therapists implement, sustain, and enhance their own heterosexual identity. My main objectives were to provide a common language for the varied body of theory and research findings in this area and to create a model that contributes to the growing sophistication in thinking about the cognitive, affective, and behavioral mechanisms at work when individuals respond to material related to sexual orientation.

I believe that a useful model should be able to address several phenomena. First, it should be able to explain an individual's responses to diverse sexual orientation material at a given point in time. Second, it should be able to account for differences in an individual's responses across different contexts (e.g., professional, social, and cultural contexts). Thus, the model should be able to explain ways in which contextual factors may affect the experience and expression of heterosexual identity. Third, it should be able to delineate the processes through which individuals change in their responses to sexual orientation material. The model, then, should be able to account for changes in heterosexual identity over time. My hope is that the heterosexual identity theory proposed here offers a basis for addressing these three areas.

It is important to acknowledge the theoretical traditions on which this model of heterosexual identity is based. My discussion of identity, motivation, attitudes, and intergroup contact makes ample use of ideas and terminology from social identity theory (Tajfel & Turner, 1979), reference group theory (Sherif, 1962), social cognitive theories (Fiske & Taylor, 1991), and Herek's (1995) theory of sexual prejudice. My work also builds on that of scholars who have developed pioneering models of racial identity formation (e.g., Cross, 1995; Helms, 1995) and sexual orientation identity formation (e.g., Cass, 1979; McCarn & Fassinger, 1996).

Basic Definitions of the Model

Perhaps the first task required of this theory is to arrive at a useful definition of heterosexual identity. The construct of sexual orientation has attained the status of a near scientific reality in Western culture, yet it is important to

understand that this construct, like other categories such as race and gender, is socially constructed (Kitzinger, 1995). For example, Penelope (1993) noted that the term *heterosexual* itself is relatively new: It was first coined in 1901, approximately 30 years after the birth of the term *homosexual*, and it has acquired numerous definitions since that time. Although opposite-sex attractions surely existed before 1901, it is clear that the lived experience and meaning of such attractions have varied throughout time, across cultures, and between individuals (Boswell, 1980). Defining sexual orientation is further complicated by the fact that it has been used to describe different facets of sexuality, including romantic and sexual attractions, fantasies, and behaviors, as well as specific lifestyles and community affiliations (Klein, Sepekoff, & Wolf, 1986; Sell, 1997). For the purposes of this article, heterosexuality refers to the tendency for most of one's romantic/sexual attractions, fantasies, and behavior to be directed toward people of the opposite sex.

Heterosexual identity is different from heterosexuality itself, however, because it signifies the *understanding* that individuals have of their sexual orientation rather than the sexual orientation itself. As Troiden (1991) noted, sexual orientation identity refers to the ways that people "actively interpret, define, and make sense of their erotic yearnings using systems of sexual meanings articulated by the wider culture" (p. 192). Thus, whereas heterosexuality refers to opposite-sex attractions, fantasies, and behavior, heterosexual identity refers to ways that people interpret these attractions, fantasies, and behaviors. Based on this discussion, I define heterosexual identity as the perceptions individuals hold of themselves as people whose romantic/sexual attractions, fantasies, and behavior are directed toward people of the opposite sex.

I view heterosexual identity as having both personal and public components. Personal identity consists of individuals' inner experience and understanding of their heterosexual orientation, whereas public identity consists of the ways that individuals express, present, and assert their experience of heterosexuality in interpersonal spheres.² Personal and public identity likely influence each other to a great extent, given the interplay between inner experience and social behavior. Individuals may, however, develop public identities that reflect only a small part of their personal identities or that are limited to particular contexts. For example, some individuals may be most attracted to individuals of the same sex but develop social lives in which they "feel heterosexual" and "act heterosexual." Others may embrace and express highly contrasting public identities in different social contexts (e.g., at church versus at home).

The sociopolitical aspect of heterosexual identity is important to acknowledge because sexual orientation identification often has profound implications for individuals' status in a sharply demarcated social hierarchy

of privilege and oppression (Fassinger, 1991). In our current society, heterosexual-identified individuals are members of the sociopolitically advantaged group. For example, heterosexual married partners are legally recognized as family members and thus eligible for many social and economic benefits, whereas the same is currently not true for most same-sex romantic partners. A central component of heterosexual identity consists of the manner in which heterosexuals respond to their privileged status in society. This focus on heterosexuals' response to privilege is mirrored in current perspectives on LGB identity, which centralize the task of coping with pervasive societal oppression in identity development (i.e., the task of coping with a *lack* of privilege) (McCarn & Fassinger, 1996). One of the few studies on heterosexual identity indicated that many heterosexual college students are unaware of the influence of heterosexual privilege in their lives (Eliason, 1995). For such individuals, it appears that the sociopolitical dimension of identifying as heterosexual is largely unnoticed or suppressed. This dimension plays an important role in the current model of heterosexual identity.

Precursors of Adult Heterosexual Identity

Although the model proposed in this article is focused on heterosexual adults, it may be useful to consider briefly the precursors of adult heterosexual identity. Research has indicated that adult sexual attitudes and sexual orientation are often related to or based on experiences in childhood and adolescence, at least to some degree (Bem, 2001; Savin-Williams & Diamond, 1999). Thus, these experiences likely constitute some of the "raw material" from which adult sexual orientation identity is formed. It is important to note that the precursors of adult heterosexual identity are not necessarily the same as precursors of adult heterosexuality itself. For example, although some researchers believe that neuroendocrine or genetic factors may be primary causal agents in sexual orientation development (Hershberger, 2001), the effect of such factors on sexual orientation identity (i.e., on one's self-perceptions related to sexual orientation) is probably indirect at best (Bem, 2001). The current theory focuses on those precursors that are most likely to contribute directly to identity formation. The two classes of precursors discussed here are pictured in Figure 1, which provides a visual depiction of the proposed model of adult heterosexual identity.

One class of experiences that is clearly salient to identity development relates to individuals' history of sexual/romantic attractions, fantasies, and behavior as youth. For example, individuals may first develop a sense of heterosexual identity partly in response to special feelings that they develop toward individuals of the opposite sex. Over time, repeated experiences of attraction are generalized as part of one's personal identity as a heterosexual

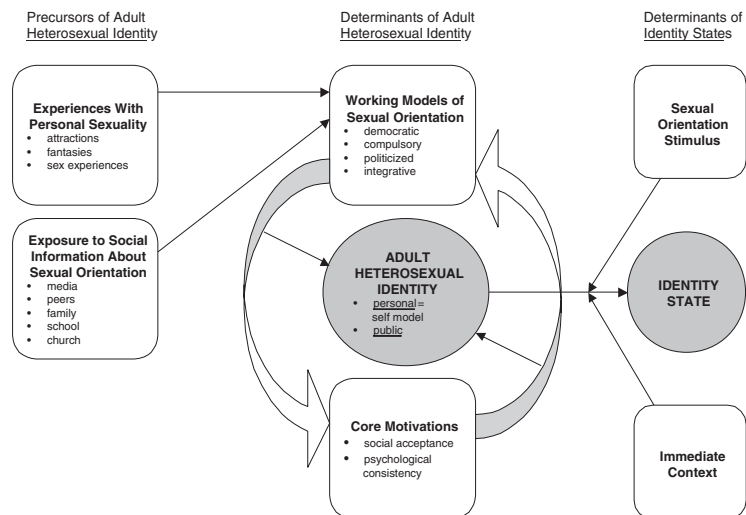


Figure 1. Components of the proposed model of adult heterosexual identity.

person. Clearly, not all aspects of one's experiences with sexual orientation are incorporated into one's sexual orientation identity, however. Savin-Williams and Diamond (1999), for instance, noted that many heterosexually identified adolescents have had same-sex attractions and same-sex sexual experiences. The tendency to not incorporate such experiences into one's identity may be partly due to the fact that these experiences represent just a small fraction of these adolescents' sexual development relative to their opposite-sex attractions and sexual experiences. As I discuss later, however, other determinants of heterosexual identity may influence the degree to which such experiences are incorporated into adolescents' identities. Nonetheless, experiences with romantic and sexual attractions certainly constitute a fundamental determinant of heterosexual identity.

It is through another influential type of experience—exposure to information about sexual orientation—that one's developing feelings of attraction acquire a social meaning. Individuals are exposed to implicit and explicit information about sexual orientation from the time they are children. Models of heterosexuality (and, to a much lesser degree, homosexuality and bisexuality) appear in fiction, TV shows, families, churches, and schools. Explicit education in heterosexual sexuality and relationships is often provided by parents, religious institutions, magazines, peers, and schools. Children's understanding of sexual orientation is shaped by experiences with peers, who

may label individuals with gender atypical behavior as “gays,” “fags,” “lezzies,” and the like (Garnets & Kimmel, 1991). These experiences related to sexual orientation are likely to be generalized in a form that helps individuals interpret the social significance of future experiences and create their own sexual orientation identities.

Determinants of Adult Heterosexual Identity

Factors underlying the ways that heterosexual-identified adults understand and express their sexual orientation are doubtless numerous. The current model highlights two constructs that I believe are particularly relevant to heterosexual identity and useful as targets of intervention in therapist training. I have named these constructs the *working models* of sexual orientation and the *core motivations*. In this section, I describe these constructs and provide examples of ways in which they may illuminate aspects of heterosexual therapists' work with LGB clients.

Working models of sexual orientation. Whereas personal experiences with sexual/romantic attractions and with information about sexual orientation are important because they provide the raw material for identity, perhaps even more important in the formation of identity is the way that these experiences are generalized to provide a basis for understanding one's own and others' sexual orientation. The first determinant of adult heterosexual identity, which I have named the internal working model of sexual orientation, is a construct that incorporates this notion of generalized sexual orientation experiences (see Figure 1). The term *working model* is borrowed from Bowlby (1969/1982) who used it to describe the mental models that individuals develop of themselves and their attachment figures (e.g., parents, romantic partners) through repeated experiences with attachment figures.

I believe that this concept of the working model can be profitably applied to individuals' understanding of sexual orientation. Over time, individuals are exposed to various stimuli related to sexual orientation. Individuals use these cumulative experiences to create internal working models of sexual orientation that serve as guides in anticipating, interpreting, and responding to material related to sexual orientation, as well as in understanding one's own heterosexual orientation. Working models include important social information, such as the ways that particular public identities may be received by others. For example, Herek (1993) argued that the potential for men in the United States to be stigmatized for their public identity increases the more they deviate from a presentation as strong, dominant, and sexually potent.

Central to the notion of heterosexual identity is the idea that individuals apply working models to themselves in interpreting information and experi-

ences relevant to their own sexual orientation. This process leads individuals to develop working models of their own sexual orientation that are potentially revised and updated on the basis of new experiences. These types of working models, which I have named *self-models* of sexual orientation, are essentially the same as what I previously referred to as personal identity. One of the implications of this perspective is that individuals develop their self-models of sexual orientation not only on their understanding of heterosexuality but also their understanding of LGB orientations. This is consistent with the notion that social identity is based on beliefs about individuals outside of one's social groups as much as individuals within one's social groups (McGuire, 1984). Self-models contain information relevant to individuals' personal sexual needs, values, and preferences, as well as to individuals' membership in groups of people with similar sexual orientation identities.

Just as individuals develop multiple working models of attachment in relation to different attachment figures (Baldwin, Keelan, Fehr, Enns, & Koh-Rangarajoo, 1996), I believe that individuals can have multiple working models of sexual orientation. Thus, sexual orientation can be understood in multiple ways by the same person, although each person will favor a particular working model in a given time and context. Similarly, a person can have multiple self-models of sexual orientation that are drawn on to different degrees in various times and contexts. Following the terminology offered by Helms (1995), the *dominant* working model is the most favored framework for responding to sexual orientation material, and the *accessibility* of working models refers to the degree to which various models are available for use in various contexts. Generally, individuals attempt to process sexual orientation material using their dominant working model. When they do this successfully, then they are said to have *assimilated* the material into their dominant working model. If the working model is incapable of interpreting the material, however, then individuals either use another working model that is capable of doing this, ignore the material, or *accommodate* the material by creating a new working model.

Given the great variability in individuals' experiences related to sexual orientation, there are likely as many working models of sexual orientation as there are individuals. Nonetheless, it may be possible to account for a good portion of this variability by defining prototype working models of sexual orientation. In the following paragraphs, I describe prototypes associated with four different hypothesized forms of heterosexual identity. This typology is not meant to be exhaustive. My purpose was to highlight types of heterosexual identity that exemplify common distinctions in the ways that individuals understand their own and others' sexual orientation.

The first working model is associated with what I call *democratic heterosexuality*. Individuals using this model tend to view people of all sexual orien-

tations as essentially the same, with the major exceptions being the object of sexual attractions and the lifestyle differences assumed to be associated with same-sex and bisexual desire. Such individuals perceive sexual orientation as an expression of individual differences that are natural but not of fundamental significance (similar to traits such as eye color or height). This position is analogous to the "color-blind" stance of White individuals whose racial identity is based in what Helms (1995) refers to as the Contact status. Because this model minimizes differences among people of all sexual orientations, sexual orientation is not considered to be an important area of focus. Thus, individuals whose identities are based on a democratic working model have probably lived out their heterosexuality without having reason to examine it closely. This lack of motivation for self-exploration regarding sexual orientation issues may reduce the chances that such individuals will incorporate into their identities whatever same-sex attractions they may have had. One implication of this is that such people may be unlikely to understand how some individuals experience their own sexual orientation as fluid or open to change (Rust, 1993).

The democratic working model may appeal to individuals in its focus on the commonalities shared by people of all sexual orientations. Such a sentiment is evident in the following statement, which was written by a White heterosexual male participant in the study of heterosexual identity cited earlier: "As for what impact my identity has on my everyday life, I think first of all people as just people. We all want basically the same things" (Eliason, 1995, p. 830). Although the focus away from differences may provide a basis for goodwill among people of diverse sexual orientations, this same focus may render sexual orientation issues invisible in a way that leads to negative consequences. For example, heterosexuals who are guided by a democratic working model and who have had little contact with LGB people may assume that others are heterosexual, unless a person presents with an obvious signifier (e.g., gay t-shirt) or cultural stereotype (e.g., gender-atypical behavior) of LGB sexual orientations. Furthermore, the use of a democratic working model may lead individuals to assume that there are no meaningful differences in the life experiences of people due to sexual orientation. In fact, individuals using a democratic working model of sexual orientation may believe that even asking questions about potential differences between LGB and heterosexual people is a sign of prejudice.

Clearly, such assumptions would tend to diminish individuals' incentive to seek information about group differences, as well as to gain experience and confidence in speaking about sexual orientation issues. This may have the serious consequence of limiting individuals' exposure to accurate, complete information about sexual orientation, which, in turn, may make them more vulnerable to common stereotypes associated with all sexual orientations

(e.g., all lesbians are masculine; sexual orientation is best thought of in two or three nonoverlapping categories). Although this susceptibility to stereotypes may seem to be at odds with the stance of minimizing differences among people of different sexual orientations, the working model interprets stereotypes as one example of the lifestyle differences found between all people. Individuals with a democratic heterosexual identity may not choose to embrace the lifestyles that they associate with LGB people (just as they may not embrace traditions associated with other cultures), but they are not interested in suppressing the expression of these lifestyles by others.

A significant effect of the democratic working model is that it results in ignoring or minimizing differences in privilege among people of different sexual orientations. Fully processing such differences could threaten the democratic view of sexual orientation that enables those who use this working model to maintain their complacency and lack of involvement regarding sexual orientation issues. Instances of antigay discrimination and prejudice are viewed as isolated incidents that should not be given much weight or as examples of a more general type of wrongdoing. Because of their lack of sociopolitical consciousness, individuals with a democratic heterosexual identity may be frustrated by radical forms of LGB political activism and social expression. Radical activism may be viewed by such individuals as a distraction from what they view as the fundamental sameness underlying people of different sexual orientations.

Therapists for whom this working model is dominant may tend to make mistakes such as assuming their clients are heterosexual, failing to recognize the effects of societal heterosexism and homophobia on their clients' well-being, and failing to recognize their own heterosexism and vulnerability to stereotypes. These therapists may tend to assume that their own experiences as heterosexuals will serve as an adequate guide for working with their LGB clients. Garnets et al. (1991) listed several examples of the unintended negative consequences of this type of therapist heterosexism, such as that of a therapist who advised a member of a lesbian couple to "read a book about heterosexual marriage problems because they were 'the same' as the issues in her lesbian relationship" (p. 968). Although such interventions are likely offered with positive intentions, they ignore the possibility that same-sex couples may face unique challenges related to their societal marginalization (Brown, 1995).

The second working model is associated with what I call *compulsory heterosexuality*, which is a phrase borrowed from the poet and feminist scholar Adrienne Rich (1980). According to this working model, heterosexuality is the only morally and/or socially acceptable sexual orientation; homosexuality and bisexuality, on the other hand, are believed to threaten core value systems. Given the emphasis on overt expression of traditional values and

norms, sexual orientations are viewed mostly as forms of behavior: Whether one is attracted to women or men is less important than whether one acts heterosexual (i.e., behaves in a manner that is aligned with the salient values and norms). It follows, then, that a compulsory working model would encourage heterosexuals to view their own sexual orientation as a proper lifestyle choice. Compulsory working models need not focus exclusively on behavior, however. For example, some psychoanalytic writing has reflected a view in which opposite-sex desire is a sign of psychological health and same-sex desire signifies psychological disturbance (Silverstein, 1991), despite decades of empirical evidence (starting with Hooker's [1957] groundbreaking research) that has provided a lack of support for this perspective (Gonsiorek, 1991). In this case, one's identity as a heterosexual would include a view of oneself as well adjusted.

The view of nonheterosexuality as a threat to one's valued worldviews would likely lead individuals to hold negative attitudes toward LGB people. Herek (1995) referred to this as the value-expressive function of attitudes. Whereas individuals who use democratic working models of sexual orientation may view interactions with LGB people as unremarkable or something akin to speaking with a person from a strange and unfamiliar culture, individuals who view heterosexuality as compulsory tend to regard such interactions as distasteful and disturbing because they believe that LGB people have willingly transgressed important norms and standards. Understandably, individuals with a strong sense of compulsory heterosexuality tend to avoid interactions with LGB-identified people; thus, as with democratic heterosexuality, these individuals may be vulnerable to stereotypes regarding sexual orientation.

Rich (1980) identified compulsory heterosexuality with patriarchal values and institutions, and many writers have given specific examples of ways in which heterosexuality is culturally enforced. For example, Herek (1993) identified mechanisms by which strict adherence to cultural standards of heterosexual masculinity is rewarded. Another important reinforcer of compulsory heterosexuality is religion. A number of religious traditions (e.g., Fundamentalist Christianity, Orthodox Judaism, Islam) promote working models in which heterosexuality is viewed as a moral imperative (Comstock & Henking, 1997). Individuals whose working models are associated with compulsory heterosexuality prefer to see all forms of nonheterosexuality eliminated or suppressed in favor of traditional heterosexual relationships and gender roles. Thus, therapists for whom this working model is dominant may encourage their LGB-identified clients to "choose" a "heterosexual lifestyle." These therapists may tend to make mistakes such as viewing nonheterosexuality as a disorder, assuming that all symptoms of distress are the result of a deviant sexual orientation, trying to change clients' sexual ori-

entation, expressing disgust or pity when clients reveal their nonheterosexuality, and believing stereotypes about LGB clients. Such professionals may try to “naturalize” heterosexual relations (i.e., view heterosexuality but not homosexuality as natural), such as in the case of a therapist who reportedly asked her lesbian client, “If you have a uterus, don’t you think you should use it?” (Garnets et al., 1991, p. 967).

The third working model is associated with what I call *politicized heterosexuality*. This working model includes a focus on the sociopolitical ramifications of sexual orientation identity. In particular, LGB individuals are viewed as oppressed and courageous survivors of a hostile sociopolitical culture. Heterosexuals who use this working model interpret their own sexual orientation in terms of the privileges that are associated with heterosexuality. They may be driven by anger at an oppressive society, as well as by guilt and self-criticism related to their participation in heterosexist practices; thus, they may be hypervigilant in their search for and response to instances of antigay prejudice, discrimination, and inequity. Little patience or empathy is shown for those who have difficulty accepting aspects of nonheterosexuality, possibly even including LGB individuals who struggle with internalized homophobia. This is due in part to all-or-nothing thinking regarding sexual orientation: People are perceived as either LGB affirmative or homophobic. This type of thinking may make it difficult for therapists to accurately assess their own and their clients’ homophobia levels.

Therapists who have a politicized heterosexual identity may tend to make mistakes with their LGB clients such as overfocusing on sexual orientation identity development issues, encouraging clients to come out to significant figures (e.g., parents, employer) without regard for possible negative consequences, idealizing or “heroicizing” LGB clients, and being unaware of the effect of one’s own homophobia and lack of knowledge/skills on treatment. Such therapists may too readily apply new knowledge on LGB issues without regard for within-group differences due to a lack of appreciation for the potential complexity of sexual orientation issues. For example, therapists who learn that identity confusion is a stage of lesbian/gay identity development may believe that bisexual clients are in denial about their “true” lesbian/gay orientation (Matteson, 1996); thus, in striving to help such clients identify as lesbian/gay, therapists may believe they are actually helping their clients overcome oppression when in fact they are reinforcing an oppressive hierarchy of sexual orientation identities. Another example is that therapists who work with LGB people of color may assume that their clients’ ambivalence about the LGB community reflects internalized homophobia rather than racism in the community (Rust, 1996). Nonetheless, because this working model includes a strong sociopolitical component, therapists with a politicized heterosexual identity may be well positioned to serve as advocates for

some LGB clients by helping them face institutional heterosexism and internalized homophobia.

The politicized and compulsory working models may differ from one another in many ways, but they are alike in that both encourage a strong, affectively charged focus on one's status as a heterosexual person. Such strong group identification likely has important implications for ways that one perceives both heterosexual and LGB people. Social psychological research has indicated that identification with a group can lead individuals to exaggerate similarities among members of one's own group, as well as similarities among members of outgroups (Turner, Hogg, Oakes, Reicher, & Wetherall, 1987). This tendency may be particularly pronounced in individuals with strong group identifications (Operario & Fiske, 1999), such as those whose identities are based on politicized and compulsory working models. Thus, despite having very different understandings of heterosexuality, individuals using politicized models and individuals using compulsory models may both be especially likely to neglect significant differences among people within sexual orientation groups and significant similarities between people from different sexual orientation groups.

The fourth and final working model that I discuss in this article is one that I call *integrative heterosexuality*. This working model includes a view of sexual orientation wherein all individuals are seen as participating in an oppressive system and no person is all good or all bad with regard to her or his stance on sexual orientation issues. Within-group differences are acknowledged to the same extent as differences between groups of people with different sexual orientation identities. Sexual orientation is viewed as a complex construct that can be conceptualized both on a continuum and as a set of discrete categories; furthermore, it is seen as multidimensional (i.e., involving behavior, attraction, fantasy, and other variables). Individuals with an integrative heterosexual identity do not perceive their own sexuality to be fundamentally different from that of LGB individuals, although they acknowledge the qualitative differences due to their own privileged status in society. Therapists who use this working model tend to have a flexible understanding of their clients' sexual orientation and of the tasks that will help the client achieve a positive identity and rewarding life. They tend to view sexual orientation as only one of many important considerations in clients' lives. For example, unlike therapists who use a politicized working model of sexual orientation, these therapists understand that there can be good reasons for choosing a job in which one must not disclose one's LGB sexual orientation. Furthermore, they do not make assumptions regarding their clients' present and future sexual orientation identities, in recognition of the complexity of sexuality and sexual identity.

Individuals with politicized or integrative working models are likely to view themselves as members of a group (i.e., heterosexuals) that has oppressed LGB people. These two working models may encourage different ways of interpreting this perspective, however. For example, individuals using a politicized working model may respond to it with a sense of guilt or uneasiness about their own sexual orientation privilege. To protect themselves from future participation in oppressive practices (and the concomitant sense of guilt and shame), they may adopt an LGB-affirmative stance that is inflexibly “politically correct.” In contrast, those using an integrative model may tend to view their group membership as an example of one of the many ways in which all people participate in oppressive institutions. They recognize, for instance, that regardless of sexual orientation nearly all individuals are members of some privileged social group (based on race, ethnicity, physical ability, sex, or other sociodemographic variables), and therefore most people have likely had the experience of tacitly accepting majority practices that were oppressive to a marginalized group. Similarly, they understand that individuals in marginalized groups often participate in their own oppression (as in the concept of internalized homophobia with regard to LGB individuals; Malyon, 1982). Thus, individuals using an integrative model are less likely than those with a progressive model to use LGB-affirming attitudes and opinions for defensive purposes because they believe that it is impossible to completely overcome one’s participation in oppressive practices.

Core motivations influencing identity. The second determinant of identity in the proposed model is what I refer to as core motivations (see Figure 1). These motivations are not directly related to sexual orientation identity but rather reflect individuals’ general identity needs in relation to self and others (see Hogg & Mullin, 1999, for a discussion of such motivations in the social psychological literature). In the process of attempting to meet these general needs, individuals will be motivated to develop, maintain, and implement their sexual orientation identities in ways that contribute to a positive sense of self and—more generally—to a sense of psychological well-being. Research has shown that basic motivations are important to consider when studying heterosexuals’ reactions to LGB issues. For example, Franklin (1998) has shown that a variety of motivations, some of which are only peripherally related to sexual orientation issues, underlie hate crimes against lesbians and gay men.

I consider two broad categories of motivations. The first category consists of motivations related to the need to fit in with and be accepted by one’s social reference groups; these motivations are related to what Herek (1995) has termed the social expression function of attitudes toward lesbians and gay men. The notion that individuals organize their social perceptions in relation

to the norms and values of particular groups has long been a focus of social psychologists (Hyman, 1942; Sherif, 1962). Theories of intergroup relations have specified a host of advantages—both psychological and material—that may be associated with strong group identification (Operario & Fiske, 1999). Thus, individuals may be motivated to adjust their thoughts, feelings, and behaviors to assume the norms and values of their reference groups.

This suggests that individuals' heterosexual identity may be affected by the degree to which their status within a reference group is perceived as being enhanced or harmed by one's reaction to material related to sexual orientation. Franklin (1998) found, for instance, that needs for status and camaraderie among heterosexual male peers (especially young adults) can serve to escalate levels of negative thoughts and feelings regarding gay men. It seems likely that this dynamic reflects ways in which social acceptance needs can increase the accessibility of working models associated with compulsory heterosexuality in young adult men. Similarly, heterosexual therapist trainees who are motivated to build alliances with their gay-affirmative mentors and peers may be more likely to present themselves as sensitive to issues of power and privilege regarding sexual orientation. In this case, social acceptance needs may promote the accessibility of working models associated with politicized and integrative heterosexuality.

Clearly, it is possible for individuals to have multiple social reference groups, where the different groups favor conflicting public heterosexual identities. This raises the interesting question of how individuals manage such conflicts. Although many individuals may be able to form a sense of unified identity that cuts across different social spheres, others may have difficulty doing so. In this case, individuals may develop multiple heterosexual identities, wherein they actually favor different self-models of sexual orientation in different social contexts. The complexity of self-representations associated with multiple social reference groups has been viewed in positive terms by some theorists. Linville (1985), for example, noted that it might minimize the ill effects of stressful events by providing sources of positive identity when other aspects of one's identity have suffered a blow. Such complexity may lead to negative consequences, however, when it leads to conflicting self-representations, as may be the case when one's reference groups hold conflicting norms and values related to sexual orientation. Conflicting social reference groups may be relevant for heterosexual therapist trainees whose graduate training programs espouse LGB-affirming values but whose families or communities espouse LGB-oppressive values. Such trainees are faced with the challenge of forging a positive heterosexual identity while maintaining good relationships at both school and home.

The second broad category of motivations includes those related to the need to have a well-defined, internally consistent sense of self. The notion

that individuals are motivated to maximize their sense of psychological consistency is a core tenet of consistency theories of attitude change (e.g., cognitive dissonance theory) that were developed several decades ago (for a discussion of these theories, see Eagly & Chaiken, 1993). These theories imply that individuals should be motivated to maintain a consistent stance regarding sexual orientation issues; inconsistent information or behavior should cause an uncomfortable state of cognitive dissonance that individuals are motivated to avoid. The motivation for consistency may be further understood in relation to the social psychological literature on the self-concept. As Hogg and Mullin (1999) noted, considerable evidence supports the idea that individuals are motivated to reduce sources of uncertainty about their self-concept. Awareness of discrepant aspects of one's identity may lead to uncomfortable feelings of confusion about one's goals, expectations, and place in the world. Applied to sexual orientation, this suggests that individuals should be motivated to develop a clear and coherent sense of their heterosexual identity.

Consider the example of a therapist who typically uses a democratic working model of sexual orientation when working with clients. If the therapist has a lesbian client who experiences job discrimination related to sexual orientation, then, to avoid cognitive dissonance, the therapist may be likely to minimize the discrimination or view it as a personality issue (thereby avoiding a state of cognitive dissonance) rather than discuss issues of heterosexual privilege and power with the client. Therapist trainees who have multiple, incompatible working models of sexual orientation that are competing for dominance (e.g., working models based on fundamentalist religious beliefs and those based upon scientific evidence) may experience intense cognitive dissonance when working with LGB clients. Such therapists may use a number of strategies to resolve the dissonance, including using dissonance-reducing thoughts (e.g., "It is up to God and not me to be the judge of this client,") or making the issue less relevant by working only with heterosexual clients and not discussing issues of sexual orientation at school (i.e., the strategy of exposure control; Gilbert, 1993).

Another important implication of the need for consistency is that individuals will tend to align their personal identity with their public identity. Individuals may feel significant discomfort when there is a lack of congruence between their inner experience of their heterosexuality and their social expression of their heterosexuality. The need for this type of consistency may be salient in therapist training programs when issues related to sexual orientation are discussed. Trainees whose working models of sexual orientation are at odds with the model espoused by peers or instructors may fall silent in such discussions for fear of rejection, but this censoring of public identity may give rise to feelings of discomfort and inauthenticity. This suggests that

the need for consistency between one's personal and social sexual identities can touch upon issues associated with one's sense of personal integrity. Thus, just as the need for social acceptance relates to social self-esteem, the need for consistency relates to an aspect of personal self-worth.

Both of the core motivations described here may help to explain the link between individuals' heterosexual identities and their attitudes toward LGB people. For example, social acceptance needs may come into play when individuals receive positive reinforcement from members of their social reference groups for adopting forms of heterosexual identity associated with homonegativity. The motivation for consistency may contribute to identity-attitude links by increasing the chances that the working models individuals apply to themselves (i.e., individuals' self-models) are the same working models that individuals apply to others. Thus, the relation between individuals' self-models and sexual orientation attitudes may be due to their shared basis in a common working model.

Focusing on the interplay between working models and core motivations may help to explain some unconscious or defensive processes related to sexual orientation. For example, some heterosexual-identified individuals may repress specific self-models if the models are perceived to pose a serious threat to the fulfillment of core motivations. Individuals who are incapable of incorporating specific aspects of their sexual selves into their overall identities may be thought of as having "splits" in their sexual orientation identities, where self-models of sexual orientation coexist in an unintegrated manner. Perhaps one of the most dramatic examples of this may be individuals who consciously identify as heterosexual but who regularly engage in same-sex sexual behavior. In this case, the fear of rejection encourages a split in identity so that the unacceptable aspects of one's self-model are generally inaccessible to consciousness, thus reducing a sense of psychological inconsistency. It seems possible that such individuals may have completely separate LGB identities that are available to consciousness only during sexual or romantic experiences with people of the same sex. As Herek (1995) noted, individuals who have disavowed their own experience of same-sex attractions may tend to hold antigay attitudes to defend against their unacceptable feelings. This suggests that heterosexual therapists and supervisors with unintegrated same-sex attractions may be susceptible to hostile countertransference reactions with LGB clients (Morrow, 2000; Russell & Greenhouse, 1997).

Stability and change in identity. I believe that the two determinants discussed above, working models and core motivations, function synergistically to provide heterosexual individuals with a relatively stable sense of who they are in terms of their sexual orientation identities. To satisfy the core

motivations, individuals will gravitate toward the use of a working model of sexual orientation that is congruent with other aspects of their identity and allows them to fit in with their social reference groups. Achieving these two conditions alone likely provides considerable stability in heterosexual identity for many individuals. Constancy of romantic and sexual attractions (e.g., attractions toward individuals of the opposite sex) is another likely source of stability in identity, as is the *perception* of constancy in attractions that may be promoted by not incorporating possible same-sex attractions into one's identity. Lack of change in one's social reference groups is probably yet another factor contributing to stability.

Why and how might identity change?³ As hypothesized for White racial identity (e.g., Helms, 1995), heterosexual identity likely does not develop in an invariant, linear fashion. Instead, it probably changes in response to complex interactions of person and environment factors. One important source of change is shifts in one's working model of sexual orientation. I believe that the development of new working models can be initiated by several types of situations. One such situation might be where sexual orientation stimuli cannot be assimilated into old working models. Consider, for example, the case of students who take a course on human diversity and are taught about the powerful effects of societal heterosexism on the lives of LGB individuals. Students who typically use a democratic working model may find that they are not able to understand the course material without shifting their internal representations of their own and others' sexual orientation. Change in working models may also tend to occur when using old working models seriously threatens the fulfillment of core motivations. For example, imagine a situation in which a man comes out as gay to a friend who subscribes to antigay religious beliefs. If this friend strongly values loyalty in friendships, then he may experience dissonance between his compulsory heterosexual identity and his identity as a steadfast friend (due to the need for psychological consistency). One possible strategy for reducing the dissonance would be for the friend to change his understanding of sexual orientation. Although these types of situations do not guarantee the development of new working models (e.g., a person may be in a position to ignore or suppress the challenges to old working models), they probably are necessary preconditions of this kind of change.

Social context may have lasting effects on individuals' working models of sexual orientation. Recall, for example, the research of Bieschke and Matthews (1996) cited earlier in which a nonheterosexist work environment was found to be associated with higher levels of self-reported LGB-affirmative counseling practices and lower levels of homophobia. A nonheterosexist work environment may promote the development of LGB-affirmative working models by making the use of such models a condition of

acceptance by members of the workplace (i.e., engaging the core motivation of social acceptance). Alternatively, a work environment may also promote such working models by providing employees with sexual orientation stimuli that are not capable of being assimilated into less affirmative working models. For example, workshops focusing on the societal effects of heterosexism may provide material that is not capable of being integrated into a democratic working model of sexual orientation. Such workshops may provide strong incentive for some individuals to develop new ways of understanding LGB sexual orientations, as well as their own heterosexual orientation.

These examples illustrate ways that the social environment may encourage new ways of processing sexual orientation information. As social cognition theorists have noted, humans can be viewed as “motivated tacticians” who will expend energy to process social stimuli thoroughly when doing so serves their interests (Operario & Fiske, 1999). Thus, efforts to change individuals’ working models may be most effective when they are guided by information about factors that influence individuals’ motivation to relate to sexual orientation stimuli in new ways.

Moment-to-moment identity dynamics. Even when identity does not go through significant changes, it seems likely that different aspects of one’s heterosexual identity may come to the fore at different times. Similarly, the salience of individuals’ identity may vary in different contexts. I view these fluctuations in the salience and expression of heterosexual identity as evidence of changes in what I refer to as heterosexual *identity states*. Identity states can involve intense emotions, such as the high anxiety a heterosexual therapist might feel when about to work with her or his first self-identified LGB client. States can also involve thoughts (frequently judgments), such as “This client’s lesbian lifestyle is sinful” or “This client needs to be more open about his gay sexual orientation.” Identity states engage motivations that can move individuals to act in certain ways, often with the immediate purpose of reducing feelings of tension and enhancing feelings of comfort and self-worth. For example, a participant in a study on psychotherapy with lesbians and gay men related an incident in which one (presumably homophobic) professional inappropriately “became angry, immediately terminated the session and all therapy” (Garnets et al., 1991, p. 967) when a client shared his same-sex attractions for the psychologist. Identity states need not be conscious; indeed, many individuals who maintain that they are comfortable with sexual orientation issues may be unaware of underlying biases or discomfort (see Abreu, 2001, for a discussion of unconscious stereotyping and attitudes).

What causes these shifts in identity states? First, the very existence of an identity state is contingent on a sexual orientation stimulus (see Figure 1).

When a stimulus is perceived, it is interpreted and responded to using the most accessible working models of sexual orientation. This process of appraisal helps an individual determine if the material poses a threat to the fulfillment of core motivations. It is important to note that individuals may vary considerably in the degree to which a particular stimulus is viewed as related to sexual orientation. Whether a stimulus is viewed in this way depends on the unique associations that comprise a person's working models of sexual orientation. The context in which the appraisal takes place may also play a role in determining identity states, particularly with regard to determining which working model is most accessible (see Figure 1). Indeed, contextual factors can have a powerful influence on which of one's social identities predominates in a given situation (Sherman, Hamilton, & Lewis, 1999). For example, as noted above, Franklin (1998) found that young heterosexual men may be more likely to experience antigay sentiments when around one another than when alone. In such peer group contexts, compulsory working models of heterosexuality may become accessible due to the salience of social acceptance needs.

CASE EXAMPLES

In this section, I present two fictional cases (based on case examples from House & Holloway, 1992) to highlight the potential relevance of heterosexual identity issues in counseling and possible applications of the proposed model. Readers may find it instructive to consider questions from Table 1 in relation to the following cases.

Case 1: Cathy

Cathy is a 42-year-old, heterosexual-identified therapist trainee in a counseling psychology doctoral program. She views herself as a person who holds liberal political values, and she is invested in reducing the expression of her personal biases in her counseling work with diverse clients (including LGB clients). Her training program actively supports a focus on diversity issues, although it emphasizes instruction in racial and ethnic diversity over sexual orientation and gender. She has begun to work with Joanne, who is a single parent with two children and who works as a high school English teacher. Joanne has been divorced for 6 months and reports being glad to have extricated herself from a marriage that was not emotionally satisfying. Over the past month, she has spent a good deal of time with a woman friend from work. She is now feeling sad because her friend just left for a 2-month stay at a

summer home in a different part of the country. In a weekly supervision session, Cathy discusses her new client:

Supervisor: I am pleased to hear your excitement about the client. What does she want to work on in counseling?

Cathy: Well, she is divorced and she has two kids. She's just coming out of a relationship. She's feeling depressed, lonely, and can't concentrate at work.

Supervisor: Do you think she's suicidal?

Cathy: Oh no. She is just feeling down. I'll talk with her about places to meet men. I am newly single and have had to figure out how to cope with all of this.

Supervisor: Well, that might be helpful in a later stage in counseling, but right now let's focus on the meaning of the client's depressed feelings. (House & Holloway, 1992, pp. 313-314)

Cathy and her supervisor have not considered Joanne's sexual orientation, and they appear to have assumed that she is heterosexual. Because of this and Cathy's generally supportive stance regarding LGB sexual orientations, it seems possible that a democratic working model of sexual orientation is dominant for Cathy. She may view herself as a person who tries to "look beyond" a person's sexual orientation as a way of demonstrating her lack of prejudice. This stance may lead her to too readily assume heterosexuality in individuals who are just beginning to explore their sexual orientation identity. Because her training program and supervisor do not focus on sexual orientation issues, her view may remain unchallenged.

Other risks associated with the democratic working model remain even if Cathy becomes aware of the possibility that Joanne may be in the early phases of lesbian or bisexual identity development. For example, consistent with the democratic working model, Cathy may tend to ignore differences between her own sexual orientation and that of lesbian or bisexual women. Thus, she may attempt to help Joanne act on attractions to women without addressing possible struggles that Joanne may face related to internalized and external sexual orientation prejudice. For example, she may recommend that Joanne go to lesbian bars based on Cathy's own positive experience frequenting heterosexual bars. Such advice does not take into consideration the fact that Joanne may not be ready to come out as a person with same-sex interests due to realistic work- or family-related concerns about having others know about her sexual orientation or to her own sense of shame regarding her developing sexuality.

Given Cathy's motivation to work effectively with diverse clients, she may be very open to learning more about the widespread oppression of LGB individuals and the effects of oppression on their lives. Such exploration would require Cathy to alter her self-model of heterosexuality to include a

sense of herself as a majority group member. It is possible, however, that core motivations may act to limit her openness to such change. For example, consistent with the democratic working model, she may view a focus on differences between heterosexual and LGB persons as a sign of prejudice. Thus, such a focus would be inconsistent with her general self-concept as a nonprejudiced person, and she may avoid discussion of differences due to the motivation to have a consistent sense of self. Similarly, developing an awareness of her participation in heterosexist practices may seriously threaten her positive self-concept. Her supervisor may help to lessen such defensive reactions by helping Cathy view the attainment of multicultural competence as a lifelong process and by emphasizing the fact that societal oppression limits everybody's understanding of human diversity. Such supervision efforts are likely to succeed, especially if the resulting changes in heterosexual identity and working models would not jeopardize Cathy's sense of acceptance in her social reference groups. Given the generally positive climate for diversity in her training program, these types of changes would likely be met with support by her professional peers and mentors.

Case 2: Allen

Allen is a 24-year-old, heterosexual-identified therapist trainee in a clinical psychology doctoral program. He is a practicing Catholic who volunteers in church programs that serve the racially diverse homeless population of his large, urban city. His graduate training program focuses little on diversity issues and espouses a medical model emphasizing behavioral treatments. Allen is currently taking his first clinical practicum in the counseling center of his university. He has begun to work with Jerry, who is a 23-year-old college senior. Although Jerry has a good grade point average, he recently has been feeling depressed and unmotivated to complete his degree program. He is socially isolated and lives alone in a dormitory room. He states that he has gone on occasional romantic dates but has not developed any significant relationships. In the course of his first counseling session, Jerry admits that all of his dates have been with men and that he is confused about his sexual orientation. In a weekly supervision session, Allen discusses Jerry with his male supervisor (who, unbeknownst to Allen, is gay):

Allen: My client is really experiencing a lot of stress, has anxiety attacks, and is feeling guilty. I think that he has felt suicidal and tries to mask his feelings. I really want to help this fellow. I can understand why he feels guilty. He has had several sexual relationships with men. And he is in a lot of pain because he feels hopeless about fitting in to this world.

Supervisor: I am interested in knowing how you are going to intervene here.

Allen: The bottom line is this guy would be a lot happier if he could change. No one can be happy when they are gay, and we have got to help him get sexually involved with women. (House & Holloway, 1992, pp. 315-316)

Allen appears to hold a view of gay sexuality that is consistent with a compulsory working model of sexual orientation. He clearly believes that heterosexuality is a prerequisite for psychosocial well-being. Consistent with many versions of the compulsory working model (and with behavioral theories of change), he seems to imply that changing Jerry's sexual behavior is tantamount to changing his sexual orientation. He also appears to assume that the supervisor is heterosexual, and he attempts to enlist the supervisor in a joint effort to "convert" the client to a heterosexual orientation. This may represent an expression of Allen's public identity as a heterosexual man, whereby he attempts to connect with other men in the enforcement of heterosexual norms. In this case, such enforcement efforts are justified by the dysfunction model of homosexuality that Allen holds. Indeed, from this perspective, efforts to help Jerry change his sexual orientation are fundamental to improving his other psychological problems. Also, it is interesting to consider the possibility that Allen's rather overstated case for converting the client's sexual orientation is evidence of an identity state in which Allen's compulsory heterosexual identity was particularly salient. Allen may have been particularly motivated to express his heterosexual masculinity to a supervisor who he believed was a heterosexual man.

The supervisor faces a considerable challenge in helping Allen work effectively with his client. Clearly, the beliefs about intervention that Allen currently holds would lead him to discourage Jerry's process of sexual identity exploration and provide no support at all for the development of a positive gay male identity. Because such a clinical stance could cause Jerry serious psychological harm, the supervisor must carefully consider whether Allen is able and willing to examine his views of what would be therapeutic for Jerry. If it is determined that Allen is not able to work in an effective and ethical manner with Jerry, then the supervisor should discontinue the counseling relationship and work with Allen to develop a plan for addressing his limitations in working with LGB clients.

An important first step toward changing Allen's views might be to develop and maintain a positive relationship with Allen. A positive alliance may provide a basis for the supervisor to begin challenging Allen's dominant working model of sexual orientation. Indeed, a positive alliance would likely engage Allen's core motivation for acceptance in relation to his supervisor. With this motivation engaged, Allen may be more willing to stretch his beliefs about sexual orientation. Because of the potential importance of establishing a good supervisory alliance, it may be prudent for the supervisor

to avoid disclosing his own gay male sexual orientation to Allen. If Allen learned that his supervisor were gay early in the alliance-building process, then he may avoid identifying with his supervisor to maintain a sense of consistency between his professional and sexual orientation identities.

After establishing a positive alliance, the supervisor may wish to begin challenging Allen's belief that gay men cannot live happy lives. The view that this is untrue clearly goes against the compulsory model that is dominant for Allen; thus, Allen will likely resist this perspective. The supervisor can use other aspects of Allen's identity to encourage him to explore his beliefs, however. For example, Allen may value research findings regarding sexual orientation, given his strong identity as a scientist-practitioner. If this is the case, then the supervisor may wish to challenge Allen's beliefs in a fairly neutral and straightforward manner by inviting Allen to evaluate the large body of research indicating that gay men can live happy and psychologically healthy lives. Because this information is discrepant with Allen's working model, it may encourage him to develop new models of sexual orientation.

Given the negative view of homosexuality in Catholicism, it seems likely that Allen's close affiliation with the Catholic Church may be a significant factor in his process of exploring his own heterosexual identity and working models of sexual orientation. For example, Allen may resist gay affirmative perspectives because they conflict with his motivation to think in ways that are consistent with his religious identity. The exploration of such perspectives may also feel threatening because of the possibility that change could lead to rejection by members of his Catholic community (i.e., that change could threaten the core motivation of need for acceptance). In contrast, given the lack of emphasis on diversity issues in his graduate training program, he may have little to lose in the way of social acceptance by holding on to his current beliefs while being a student in his program. It is also important to note that this trainee appears to have as part of his religious identity a view of himself as a person who helps the disenfranchised (given his volunteer work with the church). Because of this, he may resist gay affirmative perspectives for an additional reason to that given above: Such perspectives would require him to realize that his views actually contributed to the disenfranchisement of an oppressed minority group. Thus, similar to the first case example, the core motivation for psychological consistency may move Allen to resist viewpoints that conflict with his self-identity as an advocate for those in need.

How might the supervisor work effectively with these potential conflicts regarding core motivations? Through open and honest dialogue with Allen, the supervisor may be able to help Allen find ways in which developing more tolerant views of homosexuality does not feel like a threat to his religious identity or his acceptance by church members. Solutions may include (a) emphasizing clients' right to determine for themselves what it means to live

in a happy and morally acceptable manner, (b) helping Allen find ways of having a positive experience as a Catholic while disagreeing with aspects of the church's teachings, or (c) helping Allen find a religious affiliation that is compatible with LGB-affirmative values. All of these solutions would require Allen to develop accessible LGB-affirming working models.

IMPLICATIONS FOR RESEARCH

The previous discussion suggests that heterosexual identity theory may provide a useful framework for conceptualizing counseling dynamics related to sexual orientation. However, empirical validation of the model is necessary to assess the degree to which it accurately represents the nature of heterosexual identity across diverse adult populations. Measurement of constructs and processes discussed in this article is likely to be quite challenging. Constructs such as working models and self-models of sexual orientation are hypothesized to be complex, multidimensional structures that feature elements inaccessible to consciousness. Assessment of the influence and nature of core motivations on heterosexual identity is likely to be similarly complex, partly because individuals cannot be expected to be fully aware of the operation of their motivations and partly because the factors relevant to core motivations are expected to differ substantially across individuals (e.g., due to different social reference groups).

Qualitative investigation of heterosexual identity may be particularly useful in the initial phases of research in this area because of the potential for capturing some of the complexity inherent in sexual identity. Eliason (1995), for example, analyzed essays written by undergraduate students on their identities as a way of identifying themes associated with different forms of heterosexual identity. The content of such essays from diverse individuals could provide a basis for understanding identity-related dynamics, as well as for generating items for a standardized self-report instrument of heterosexual identity. Other qualitative approaches could be used to focus on unconscious processes associated with heterosexual identity. For example, Ancis and Szymanski (2001) asked master's-level counseling students to read and respond to an article in which a White woman describes ways that she has experienced her White privilege at her workplace. The students were asked to write about their reactions to one or more of these examples of privilege. The researchers analyzed students' responses and found that some students appeared to misinterpret or distort the contents of the article, suggesting unconscious defensive processing of the material. This approach could be adapted for issues related to heterosexual identity and privilege. Focus on

information distortion and omission could provide indirect evidence of unconscious aspects of individuals' working models of sexual orientation.

Face-to-face interviews might also provide rich data about dynamics related to heterosexual identity. Interviews could be used to identify identity states because of the opportunity for interviewers to observe individuals' moment-to-moment reactions to varied topics related to sexual orientation. Interviews such as those conducted by Franklin (1998) on heterosexuals' violence against LGB people could be adapted to identify core motivations at play in individuals' perceptions of and reactions to an array of sexual orientation material. Also, interviews may be particularly effective at revealing the degree to which individuals are able to sustain a coherent discourse on their heterosexual identities.

Measures of working models of sexual orientation could be used to test a variety of basic and applied hypotheses regarding heterosexual identity. For example, use of a politicized working model would be expected to be associated with exhibiting politically correct attitudes and behavior regarding sexual orientation issues. Such correlates of a politicized working model could be investigated in the therapeutic work of counselors or supervisors who use this working model (e.g., lack of empathy for clients or supervisees who make homophobic remarks). Another basic area of focus for research could be on ways that working models may be related to heterosexuals' efforts to gain competence and efficacy in interacting with LGB people. For example, individuals using democratic and compulsory models of sexual orientation may be less likely than others to seek experiences that could help them to achieve greater proficiency in relating to LGB peers. Such a hypothesis could have important extensions to the realm of therapist training. Trainees with democratic and compulsory working models, for example, may be less likely than others to choose graduate programs and courses that focus on sexual orientation issues. Finally, validation of the proposed model will require investigation of the interplay of multiple social identities. It may be useful to focus on ways that working model accessibility can be influenced by dynamics related to membership in multiple social reference groups (e.g., groups related to race, religion, disability, class, gender). Such studies may profit from writings on the complex interactions that can occur among individuals' multiple social identities in relation to sexual orientation (e.g., Greene, 2000; Morales, 1989; Rust, 1996).

IMPLICATIONS FOR TRAINING

The interplay of variables influencing heterosexual identity and identity states can be potentially quite complex. Although this complexity may seem

daunting, it also promises a wealth of approaches for conceptualizing training issues with heterosexual therapists who work with LGB clients. Supervisors who wish to help their supervisees become more competent in working with this population must carefully evaluate their supervisees' and their own unique characteristics. What are their dominant working models of sexual orientation? How do these working models relate to the expectations regarding work with LGB clients? What mistakes might they be expected to make based on their working models and past experiences? What external contingencies may be reinforcing the accessibility of negative working models of LGB orientations? (See Table 1 for further exploratory questions.) Once these determinations are made, the supervisor can make more informed judgments regarding information and experiences that will be important in increasing supervisees' competence. Of particular importance is helping supervisees change in a way that addresses their needs to fulfill the core motivations. Thus, they must be sensitively supported in acquiring a heterosexual identity that they experience as coherent and that allows them to receive support from members of their reference groups. Throughout this process, it is important for supervisors to be aware of ways that the supervisory relationship is affected by dynamics related to the interaction of their own sexual orientation identity with that of their supervisees (Buhrke, 1989; Russell & Greenhouse, 1997).

Similarly, training directors must carefully consider ways in which the training climate may interact with and shape trainees' working models and core motivations. Maintaining a gay-affirmative climate is doubtless critical in helping trainees integrate gay-affirmative attitudes into their personal and public identities. Training environments that discourage the exploration of antigay attitudes, however, may actually have the opposite intended effect on some trainees (Schreier & Werden, 2000). For example, in such an environment, trainees with strong fundamentalist religious beliefs may grow estranged from their gay-affirming colleagues and thus feel no incentive to explore their sexual orientation identity or increase their sense of affiliation with the general counseling community. Creation of a space that supports and encourages the sharing of diverse perspectives regarding sexual orientation may allow such trainees to find new ways of negotiating the complexities of identity-related conflicts. Such dialogues may provide opportunities for all trainees to develop a more sophisticated understanding of issues related to sexual orientation.

A number of educational activities have been proposed to increase students' sensitivity to sexual orientation issues (e.g., Browning & Kain, 2000; Phillips, 2000; Schreier & Werden, 2000). Models of heterosexual identity may inform efforts to select and design such activities for therapist training modules focused on sexuality. Trainees using different working models can-

TABLE 1: Questions for Exploration of Heterosexual Identity

Experiences with sexual and romantic attraction, fantasy, and behavior
Are my attractions, fantasies, and behavior mostly in regard to people of the opposite sex?
How do I experience and explain such heterosexual attractions?
Am I open to experiencing and acknowledging a same-sex attraction or fantasy?
Have I ever had attractions to or fantasies about people of the same sex? Same-sex sexual experiences? If yes, how do I explain these attractions, fantasies, or experiences?
Experiences with social information about sexual orientation
What are my earliest memories related to hearing others speak about sexual orientation?
How did I learn about heterosexuality as a child, adolescent, and adult?
To what messages in the media, classroom, religious institution, and family-of-origin was I exposed regarding sexual orientation?
How have others related or responded to me in terms of my sexual orientation and my romantic relationships?
Internal working models of sexual orientation
What are my working models of sexual orientation?
Which working models are dominant and most accessible?
How does context affect the working models that I use?
How do I apply working models to myself?
In what ways do I see myself as similar to and different from other heterosexual people?
Have I had experiences related to sexual orientation that were not adequately explained by my dominant working model(s)? If yes, how did I negotiate this?
Core motivations
Social acceptance
What social reference groups are most important to my sense of interpersonal satisfaction, social esteem, and safety, and in what contexts do I have contact (direct or indirect) with them?
How strong is my need to be liked and accepted by members of these groups?
What views and norms do these groups hold regarding sexual orientation issues? Do these groups differ in their views and norms regarding sexual orientation issues? If so, how do I negotiate the need to be liked and accepted by these various groups?
Could I have a different heterosexual identity and still be liked and accepted by these groups?
To what degree does my need for social acceptance prevent me from making sense of sexual orientation issues in new ways? From experiencing same-sex attractions?
Psychological consistency
How might my dominant working models of heterosexuality conflict with aspects of my identity that are unrelated to sexual orientation?
Do I draw upon multiple, conflicting working models? If yes, how are the conflicts expressed intrapsychically and interpersonally?
Do I apply working models differently to myself than to others? If yes, what are the differences and how do I manage the inconsistency?
How strong is my motivation to have internally consistent beliefs, values, and views of self?
To what degree does my need for internal consistency prevent me from processing sexual orientation issues in new ways? From experiencing same-sex attractions?

not be expected to respond in a similar manner to these activities, and trainees very likely differ in ways that core motivations relate to such interventions. Thus, educators may profit from thinking carefully about ways that students with different working models and social reference groups may interpret and react to interventions (Schreier & Werden, 2000). Effective activities will allow trainees with diverse sexual identities to explore their biases, gain knowledge, and develop skills related to sexual orientation. Models of sexual orientation identity may provide a useful framework for trainees to discuss their reactions to such training experiences.

CONCLUSION

The model of heterosexual identity presented here contributes to the literature on multicultural identity in several ways. First, along with the efforts of Worthington, Savoy, Dillon, and Vernaglia (2002 [this issue]), this article offers one of the first models of sexuality to focus on adult heterosexual identity and thus adds to the growing discourse on identity dynamics in members of privileged social groups. Second, the model introduces a means of incorporating the interplay of multiple identities, contextual factors, and general psychological processes into theorizing about sexual orientation identity. Heterosexual identity is viewed as part of a larger process of identity formation involving the integration of experiences with diverse needs, desires, social reference groups, and social contexts. Third, because of this focus on social context and multiple identities, the proposed framework may be profitably used with ecological models of multicultural therapist training (e.g., Neville & Mobley, 2001) in guiding efforts to create training policies, curricula, and environments that facilitate active, open exploration of sexual orientation issues relevant to counseling. Fourth, the concept of identity states provides a basis for formulating ways that heterosexual identity is expressed in moment-to-moment dynamics, which may prove useful in the realm of clinical supervision. Finally, as explained earlier, this model may facilitate thinking about unconscious processes related to identity.

The current trend to define components of multicultural counseling competence is driven by the admirable goal of increasing the number of counselors who are sensitive to diversity-related issues and who can work effectively with diverse clients. Achieving this goal with regard to sexual orientation, race, ethnicity, and other forms of diversity, however, will require more than defining the boundaries of competent practice. It will require training programs with instructors and supervisors who are able to conceptualize ways that individuals respond to “culturally loaded” individual differences. The

model of heterosexual identity described in this article may provide a useful framework for this type of conceptualizing with regard to sexual orientation issues. The model clearly requires empirical validation, and I look forward to the improvements that others may offer toward an understanding of heterosexual identity. Nonetheless, I hope that the ideas I have presented here will stimulate greater complexity in thinking about heterosexuals' relationships to their own and others' sexual orientations.

NOTES

1. As Morrow (2000) has noted, it is also important to consider the challenges that lesbian, gay, and bisexual (LGB)-identified therapists may have in working effectively with LGB clients. Furthermore, valuable insights may be gained from examination of the challenges that therapists of all sexual orientations may face in their work with heterosexual clients. The focus of this article, however, is heterosexual-identified therapists' work with LGB-identified clients.

2. The concepts of personal and public identity used here differ from the concepts of personal and social identity used in social identity theory. In the social identity literature, social identity refers to aspects of one's identity associated with one's group memberships. Personal identity refers to aspects of one's identity that are unrelated to one's group affiliations (Tajfel & Turner, 1979).

3. Although beyond the scope of this article, it is important to note that the issue of change in sexual orientation identity touches on long-standing debates regarding the nature of sexual identity as fixed versus mutable (Kitzinger, 1995) and regarding the ethics and effectiveness of so-called conversion therapies designed to teach LGB individuals to live as heterosexuals (Tozer & McClanahan, 1999). Efforts to delineate the implications of social constructionist and essentialist perspectives on sexual orientation (such as that of Kitzinger, 1995, cited above) have helped clarify these complex and challenging issues. Regarding the proposed model of heterosexual identity, I wish to highlight the fact that change in sexual orientation identity is not equivalent to change in sexual orientation. Indeed, one of the basic notions presented here is that heterosexual individuals can change in the ways that they construe their own heterosexuality while continuing to self-identify as heterosexual.

REFERENCES

- Abreu, J. M. (2001). Theory and research on stereotypes and perceptual bias: A didactic resource for multicultural counseling trainers. *The Counseling Psychologist, 29*, 487-512.
- American Psychological Association. (2000). *Guidelines for psychotherapy with lesbian, gay, and bisexual clients*. Washington, DC: Author.
- Ancis, J. R., & Szymanski, D. M. (2001). Awareness of White privilege among White counseling trainees. *The Counseling Psychologist, 29*, 548-569.
- Baldwin, M. W., Keelan, J.P.R., Fehr, B., Enns, V., & Koh-Rangarajoo, E. (1996). Social-cognitive conceptualization of attachment working models: Availability and accessibility effects. *Journal of Personality and Social Psychology, 71*, 94-109.
- Bem, D. J. (2001). Exotic becomes erotic: Integrating biological and experiential antecedents of sexual orientation. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual*

- identities and youth: Psychological perspectives* (pp. 52-68). New York: Oxford University Press.
- Bieschke, K. J., & Matthews, C. (1996). Career counselor attitudes and behaviors toward gay, lesbian, and bisexual clients. *Journal of Vocational Behavior, 48*, 243-255.
- Boswell, J. (1980). *Christianity, social tolerance, and homosexuality*. Chicago: University of Chicago Press.
- Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books. (Original work published 1969)
- Brown, L. S. (1995). Therapy with same-sex couples: An introduction. In N. S. Jacobson & A. S. Gurman (Eds.), *Clinical handbook of couple therapy* (pp. 274-294). New York: Guilford.
- Browning, C., & Kain, C. (2000). Teaching lesbian, gay, and bisexual psychology: Contemporary strategies. In B. Greene & G. L. Croom (Eds.), *Education, research, and practice in lesbian, gay, bisexual, and transgendered psychology: A resource manual* (pp. 46-58). Newbury Park, CA: Sage.
- Buhrke, R. A. (1989). Lesbian-related issues in counseling supervision. *Women and Therapy, 8*, 195-206.
- Casas, J. M., Brady, S., & Ponterotto, J. G. (1983). Sexual preference biases in counseling: An information processing approach. *Journal of Counseling Psychology, 30*, 139-145.
- Cass, V. C. (1979). Homosexual identity development: A theoretical model. *Journal of Homosexuality, 4*, 219-235.
- Comstock, G. D., & Henking, S. E. (1997). *The que(e)rying of religion: A critical anthology*. New York: Continuum.
- Cramer, E. P. (1997). Strategies for reducing social work students' homophobia. In J. T. Sears & W. L. Williams (Eds.), *Overcoming heterosexism and homophobia: Strategies that work* (pp. 287-298). New York: Columbia University Press.
- Cross, W. E. (1995). The psychology of nigrescence: Revising the Cross model. In J. G. Ponterotto, M. J. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 93-122). Thousand Oaks, CA: Sage.
- Devine, P. G., Evett, S. R., & Vasquez-Suson, K. A. (1996). Exploring the interpersonal dynamics of intergroup contact. In R. M. Sorrentine & E. T. Higgins (Eds.), *Handbook of motivation and cognition: The interpersonal context* (Vol. 3). New York: Guilford.
- Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes*. Fort Worth, TX: Harcourt Brace Jovanovich.
- Eliason, M. J. (1995). Accounts of sexual identity formation in heterosexual students. *Sex Roles, 32*, 821-834.
- Fassinger, R. E. (1991). The hidden minority: Issues and challenges in working with lesbian women and gay men. *The Counseling Psychologist, 19*, 157-176.
- Fiske, S. T., & Taylor, S. (1991). *Social cognition* (2nd ed.). New York: McGraw-Hill.
- Franklin, K. (1998). Unassuming motivations: Contextualizing the narratives of antigay assailants. In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 1-23). Thousand Oaks, CA: Sage.
- Garnets, L., Hancock, K. A., Cochran, S. D., Goodchilds, J., & Peplau, L. A. (1991). Issues in psychotherapy with lesbians and gay men: A survey of psychologists. *American Psychologist, 46*, 964-972.
- Garnets, L. D., & Kimmel, D. C. (1991). Lesbian and gay male dimensions in the psychological study of human diversity. In L. D. Garnets & D. C. Kimmel (Eds.), *Psychological perspectives on lesbian and gay male experiences* (pp. 1-52). New York: Columbia University Press.
- Gelso, C. J., Fassinger, R. E., Gomez, M. J., & Latts, M. G. (1995). Countertransference reactions to lesbian clients: The role of homophobia, counselor gender, and countertransference management. *Journal of Counseling Psychology, 42*, 356-364.

- Gilbert, D. T. (1993). The assent of man: Mental representation and the control of belief. In D. M. Wegner & J. W. Pennebaker (Eds.), *Handbook of mental control* (pp. 57-87). Englewood Cliffs, NJ: Prentice Hall.
- Gonsiorek, J. C. (1991). The empirical basis for the demise of the illness model of homosexuality. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 115-136). Newbury Park, CA: Sage.
- Greene, B. (2000). Beyond heterosexism and across the cultural divide: Developing an inclusive lesbian, gay, and bisexual psychology: A look to the future. In B. Greene & G. L. Croom (Eds.), *Education, research, and practice in lesbian, gay, bisexual, and transgendered psychology: A resource manual* (pp. 1-45). Thousand Oaks, CA: Sage.
- Hayes, J. A., & Gelso, C. J. (1993). Male counselors' discomfort with gay and HIV-infected clients. *Journal of Counseling Psychology, 40*, 86-93.
- Helms, J. E. (1995). An update of Helms' White and People of Color identity models. In J. G. Ponterotto, M. J. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181-198). Thousand Oaks, CA: Sage.
- Herek, G. M. (1993). Stigma, prejudice, and violence against lesbians and gay men. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 60-80). Newbury Park, CA: Sage.
- Herek, G. M. (1995). Psychological heterosexism in the United States. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives* (pp. 321-346). New York: Oxford University Press.
- Hershberger, S. L. (2001). Biological factors in the development of sexual orientation. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities and youth: Psychological perspectives* (pp. 52-68). New York: Oxford University Press.
- Hogg, M. A., & Mullin, B. A. (1999). Joining groups to reduce uncertainty: Subjective uncertainty reduction and group identification. In D. Abrams & M. A. Hogg (Eds.), *Social identity and social cognition* (pp. 249-279). Oxford, UK: Basil Blackwell.
- Hooker, E. A. (1957). The adjustment of the male overt homosexual. *Journal of Projective Techniques, 21*, 17-31.
- House, R. M., & Holloway, E. L. (1992). Empowering the counseling professional to work with gay and lesbian issues. In S. H. Dworkin & F. J. Gutiérrez (Eds.), *Counseling gay men and lesbians: Journey to the end of the rainbow* (pp. 307-323). Alexandria, VA: American Counseling Association.
- Hyman, H. H. (1942). The psychology of status. *Archives of Psychology, 269*, 1-94.
- Israel, T. (1998, August). *Training counselors to work with lesbian, gay, and bisexual clients*. Poster session presented at the annual meeting of the American Psychological Association, San Francisco, CA.
- Kitzinger, C. (1995). Social constructionism: Implications of lesbian and gay psychology. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives* (pp. 136-161). New York: Oxford University Press.
- Klein, F., Sepekoff, B., & Wolf, T. J. (1986). Sexual orientation: A multivariable dynamic process. *Journal of Homosexuality, 11*, 35-49.
- Linville, P. W. (1985). Self complexity and affective extremity: Don't put all of your eggs in one basket. *Social Cognition, 3*, 94-120.
- Malyon, A. K. (1982). Psychotherapeutic implications of internalized homophobia in gay men. *Journal of Homosexuality, 7*, 59-69.
- Matteson, D. R. (1996). Counseling and psychotherapy with bisexual and exploring clients. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 185-213). Thousand Oaks, CA: Sage.

- McCarn, S. R., & Fassinger, R. E. (1996). Re-visioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist, 24*, 508-534.
- McGuire, W. J. (1984). Search for the self: Going beyond self-esteem and the reactive self. In R. A. Zucker, J. Aronoff, & A. I. Rabin (Eds.), *Personality and the prediction of behavior* (pp. 73-102). New York: Academic Press.
- Mohr, J. J., Israel, T., & Sedlacek, W. E. (2001). Counselors' attitudes regarding bisexuality as predictors of counselors' clinical responses: An analogue study of a female bisexual client. *Journal of Counseling Psychology, 48*, 212-222.
- Morales, E. (1989). Ethnic minority families and minority gays and lesbians. *Marriage and Family Review, 14*, 217-239.
- Morrow, S. L. (2000). First do no harm: Therapist issues in psychotherapy with lesbian, gay, and bisexual clients. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 137-156). Washington, DC: American Psychological Association.
- Neville, H. A., & Mobley, M. (2001). Social identities in contexts: An ecological model of multicultural counseling psychology processes. *The Counseling Psychologist, 29*, 471-486.
- Operario, D., & Fiske, S. T. (1999). Integrating social identity and social cognition: A framework for bridging diverse perspectives. In D. Abrams & M. A. Hogg (Eds.), *Social identity and social cognition* (pp. 26-54). Oxford, UK: Basil Blackwell.
- Palma, T. V. (1996). Attitudes of counselor trainees toward minority clients: A new look. *Journal of College Student Psychotherapy, 11*, 53-58.
- Penelope, J. (1993). Heterosexual identity: Out of the closets. In S. Wilkinson & C. Kitzinger (Eds.), *Heterosexuality: A feminism and psychology reader* (pp. 261-265). London: Sage.
- Perez, R. M., DeBord, K. A., & Bieschke, K. J. (Eds.). (2000). *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients*. Washington, DC: American Psychological Association.
- Phillips, J. C. (2000). Training issues and considerations. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 337-358). Washington, DC: American Psychological Association.
- Phillips, J. C., & Fischer, A. R. (1998). Graduate students' training experiences with lesbian, gay, and bisexual issues. *The Counseling Psychologist, 26*, 712-734.
- Rich, A. (1980). Compulsory heterosexuality and lesbian existence. *Signs, 5*, 631-660.
- Rudolf, J. (1989). Effects of a workshop on mental health practitioners' attitudes toward homosexuality and counseling effectiveness. *Journal of Counseling and Development, 67*, 81-85.
- Russell, G. M., & Greenhouse, E. M. (1997). Homophobia in the supervisory relationship: An invisible intruder. *Psychoanalytic Review, 84*, 27-42.
- Rust, P. C. (1993). "Coming out" in the age of social constructionism: Sexual identity formation among lesbian and bisexual women. *Gender and Society, 7*, 50-77.
- Rust, P. C. (1996). Managing multiple identities: Diversity among bisexual women and men. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 53-83). Thousand Oaks, CA: Sage.
- Savin-Williams, R. C., & Diamond, L. M. (1999). Sexual orientation. In W. K. Silverman & T. H. Ollendick (Eds.), *Developmental issues in the clinical treatment of children* (pp. 241-258). Needham Heights, MA: Allyn & Bacon.
- Schreier, B. A., & Werden, D. L. (2000). Psychoeducational programming: Creating a context of mental health for people who are lesbian, gay, or bisexual. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 359-382). Washington, DC: American Psychological Association.

- Sears, J. T. (1997). Thinking critically, intervening effectively about homophobia and heterosexism: A 25 year research perspective. In J. T. Sears & W. L. Williams (Eds.), *Overcoming heterosexism and homophobia: Strategies that work* (pp. 13-48). New York: Columbia University Press.
- Sell, R. L. (1997). Defining and measuring sexual orientation: A review. *Archives of Sexual Behavior*, 26, 643-658.
- Sherif, M. (1962). The self and reference groups: Meeting ground of individual and group approaches. *Annals New York Academy of Sciences*, 96, 797-813.
- Sherman, S. J., Hamilton, D. L., & Lewis, A. C. (1999). Perceived entitativity and the social identity value of group memberships. In D. Abrams & M. A. Hogg (Eds.), *Social identity and social cognition* (pp. 80-110). Oxford, UK: Basil Blackwell.
- Silverstein, C. (1991). Psychological and medical treatments of homosexuality. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 101-114). Newbury Park, CA: Sage.
- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The psychology of intergroup relations*. Chicago: Nelson-Hall.
- Tozer, E. E., & McClanahan, M. K. (1999). Treating the purple menace: Ethical consideration of conversion therapy and affirmative alternatives. *The Counseling Psychologist*, 27, 22-42.
- Troiden, R. R. (1991). The formation of homosexual identities. In L. D. Garnets & D. Kimmel (Eds.), *Psychological perspectives on lesbian and gay male experiences* (pp. 191-217). New York: Columbia University Press.
- Turner, J. C., Hogg, M., Oakes, P. J., Reicher, S. D., & Wetherall, M. S. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford, UK: Basil Blackwell.
- Worthington, R. L., Savoy, H. B., Dillon, F. R., & Vernaglia, E. R. (2002). Heterosexual identity development: A multidimensional model of individual and social identity. *The Counseling Psychologist*, 30(4), 496-531.