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A review of LGBT identity development models reveals fluidity, complexity, and contradictions.

Analysis of LGBT Identity Development Models and Implications for Practice

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In their efforts to serve all students more effectively, many student affairs professionals seek to understand how students come to have and enact lesbian, gay, bisexual, and transgender (LGBT) identities. In the past two decades, student affairs professionals have adopted psychosocial models of sexual orientation identity development (Cass, 1979, 1984), and a handful of scholars (D'Augelli, 1994; Evans and Broido, 1999; Rhoads, 1994) have attempted to describe LGBT identity in higher education settings. This chapter presents an overview of literature regarding models of LGBT identity development, including stage models of sexual orientation identity development, theories specific to LGBT people of color, a life span approach to LGBT identity development, and approaches to transgender identity development. Thematic similarities and differences as well as implications for educational practice and research are discussed.

Stage Models of Gay and Lesbian Identity Development

In the United States, the 1970s marked a new era in research regarding sexual orientation identity development with the emergence of theoretical stage models describing homosexual identity. These models focused on the resolution of internal conflict related to identification as lesbian or gay, and

informed what is commonly termed the *coming-out* process (see, for example, Cass, 1979, 1984; Fassinger, 1991; Savin-Williams, 1988, 1990; Troiden, 1979, 1988). Based on studies with small sample sizes, most often of men, these theoretical perspectives assert that non-heterosexuals move through a series of identity development stages, usually during the teenage years or early twenties. Though the number of stages and their names vary across theories, they share common characteristics. Gonsiorek (1995) described shared aspects of these models as follows.

Typically, these models begin with a stage in which individuals use multiple defense strategies to block recognition of personal homosexual feelings. These defensive strategies are maintained for an unspecified time period in an attempt to minimize an individual's same-gender feelings. The process of expending energy to deny and minimize feelings may have negative consequences for overall emotional health. Yet, for many individuals, a gradual recognition and tentative acceptance of same-gender feelings emerge as they come to accept that their feelings are not heterosexually oriented. According to the stage models, this emergence of same-gender feelings is followed by a period of emotional and behavioral experimentation with homosexuality, often accompanied by a growing sense of personal normality. Some models describe the ending of a first relationship as a time of identity crisis in which negative feelings about being gay or lesbian return. As the individual again begins to accept non-heterosexual feelings, a sense of identity as lesbian or gay becomes internally integrated and is viewed as a positive aspect of self. While most scholars describe the coming-out process in clear stages, they also note that it is generally more fluid, with stops, starts, and backtracking (Cass, 1979, 1984; Troiden, 1979; Savin-Williams, 1990).

Differences among the stage models illustrate the difficulty of using only one model to understand a complex psychosocial process (the development of sexual orientation identity). Yet, the predominance and persistence of stage models in the research literature and in current educational practice suggest that they represent with some accuracy the developmental process. In contrast, Ryan and Futterman (1998) noted that most of lesbian, gay, and bisexual identity development models were based on research on adults reflecting on their experience. Few models exist that specifically address developmental issues of lesbian, gay, and bisexual adolescents.

Adolescence and Sexual Orientation Identity Development

Research on adolescents and sexual orientation supplements the stage models with information specific to youth and college students. Research on teenage youth notes a trend in which self-identification as lesbian, gay, or bisexual happens at increasingly earlier ages (Troiden, 1998). It is therefore more likely that students will enter college having already begun—or completed—the coming-out process.

When considering developmental issues of adolescents and sexual orientation, it is also important to note that these years may be characterized by sexual experimentation as well as by confusion about identity (Ryan and Futterman, 1998; Savin-Williams, 1990). Same-gender adolescent sexual experiences do not necessarily signal a lesbian, gay, or bisexual identity (Blumenfeld and Raymond, 1993). Conversely, adolescents may identify as lesbian, gay, or bisexual without having had any sexual experience (Ryan and Futterman, 1998; Savin-Williams, 1990). The diversity of individual adolescents' experiences of identifying as lesbian, gay, or bisexual highlights the need to consider multiple developmental models.

Research on LGBT Identities in Bisexuals, People of Color, and Women

There is growing scholarly recognition of the experience and diversity of sexual orientation beyond "heterosexual," "gay," and "lesbian" identities, and this recognition has led to challenges to the traditional stage models of sexual orientation identity development. Scholars have found that bisexuals experience identity processes differently from the way lesbians and gay men do (Fox, 1995; Klein, 1990, 1993). For example, some individuals may come to bisexual identity after self-labeling as lesbian or gay. Others may identify bisexual feelings from childhood onward. Still others may not become aware of bisexual feelings until after experiencing heterosexual relationships or marriages. Further, stage models do not account for ways in which the boundaries between Eurocentric notions of culture, sexual orientation, and gender identity are blurred and reconstructed in non-Western contexts (Brown, 1997; Gonsiorek, 1995). One such example is the existence of "Two Spirit" identities that blend Western notions of gender identity and sexual orientation within Native American communities (Brown, 1997). Across cultures, LGBT identities have different names and meanings.

Researchers are providing new perspectives on the experience of multiple and intersecting identities related to race and ethnicity, nationality, and sexuality. Research regarding the ways race and culture interact with the experience of LGBT identities in the United States has expanded (Boykin, 1996, on African Americans; Diaz, 1997, and Espin, 1993, on Latinos; Manalansan, 1993, on Asian Americans; Crow, Brown, and Wright, 1997, and Wilson, 1996, on Native Americans). Beyond the United States, scholarship on the intersections of LGBT identities and nationality is expanding as well, particularly in reference to Africans, Latin Americans, Middle Easterners, and South and East Asians (Ben-Ari, 2001; Kapack, 1992; Kovac, 2002; McLelland, 2000).

Additional research addresses the influence of gender, socioeconomic class, ability, and spirituality on LGBT identity development. Regarding gender differences, women's non-heterosexual identity processes have most often been presented as paralleling those of men, yet a number of scholars indicate that women may come out and have intimate same-gender experiences at

somewhat later ages (Brown, 1995; Sears, 1989). Recent research explores LGBT identities related to social class and class systems, posing questions about how non-heterosexual identities intersect with class privilege and oppression (Becker, 1997; Raffo, 1997; Vanderbosh, 1997). Scholarship is emerging that addresses ways that identities of people with disabilities are influenced by LGBT identity processes (Clare, 1999). DuMontier (2000) hypothesized interactions between sexual orientation and faith development, and other authors discuss specific religious traditions and sexual orientation identity (Love, 1998).

By expanding the theoretical bases for understanding LGBT identities beyond those represented by white, Western men in the foundational models of homosexual identity formation (such as Cass, 1979 and 1984, and Troiden, 1979), researchers provide a complex picture of non-heterosexual identity. They highlight the social context of non-heterosexual identities across cultures and draw attention to the diversity that exists within LGBT communities.

Alternatives to Stage Models: A Life Span Approach to Sexual Orientation and Gender Identity Development

As more scholars describe the development of non-heterosexual identity as a fluid and complex process influenced by other psychosocial identities, it becomes apparent that stage models are not adequate to describe all non-heterosexual identity processes. In addition, bisexual and transgender experiences, with their emphasis on identities existing outside traditional binary constructions of gender and sexuality, pose unique challenges to stage models. Though no identity development model can fully address the intersections and complexities of non-heterosexual identity, D'Augelli (1994) offered a "life span" model of sexual orientation development that takes social contexts into account in ways that the early stage models did not. As well, D'Augelli's model has the potential to represent a wider range of experiences than the theories relating to specific racial, ethnic, or gender groups.

The D'Augelli framework addresses issues often ignored in other models, presenting human development as unfolding in concurring and multiple paths, including the development of a person's self-concept, relationships with family, and connections to peer groups and community. This model suggests that sexual orientation may be very fluid at certain times in the life span and more fixed at others and that human growth is intimately connected to and shaped by environmental and biological factors. The D'Augelli model describes six "identity processes" that operate more or less independently and are not ordered in stages:

- Exiting heterosexuality
- Developing a personal LGB identity
- Developing an LGB social identity

- Becoming an LGB offspring
- Developing an LGB intimacy status
- Entering an LGB community

An individual may experience development in one process to a greater extent than another; for example, he or she may have a strong LGB social identity and an intimate same-sex partner, but not have come out as LGB to family (become an LGB offspring). Furthermore, depending on the context and timing, he or she may be at different points of development in a given process, such as when an openly LGB person enters a new work setting and chooses not to express his or her LGB identity.

Developed to represent sexual orientation identity development, D'Augelli's model has also been used for understanding corresponding processes in the formation of transgender identity (Renn and Bilodeau, 2005). In a recent study of transgender identity development in college students, Bilodeau (2005) noted that participants described their gender identities in ways that reflect the six processes of the D'Augelli model. Research on transgender college students is rare, and differences between sexual orientation and gender identity are not always well understood (Bilodeau, 2005).

Definitions of Transgender Identities

The term *gender identity* has been used to describe an individual's internal sense of self as male, female, or an identity between or outside these two categories (Wilchins, 2002). Individuals whose biological sex assignment matches male or female gender identity and the range of related behavioral expressions deemed acceptable by societal norms may be referred to as "traditionally gendered." The term *transgender* focuses on individuals whose gender identity conflicts with biological sex assignment or societal expectations for gender expression as male or female (Bornstein, 1994; Elkins and King, 1996; Wilchins, 1997, 2002).

The term *transgender* is often used as an inclusive category for a wide range of identities, including transsexuals, transvestites, male and female impersonators, drag kings and queens, male-to-female (MTF) persons, female-to-male (FTM) persons, cross-dressers, gender benders, gender variant, gender nonconforming, and ambiguously gendered persons (Bornstein, 1994; Feinberg, 1996; O'Keefe and Fox, 1997; Wilchins, 1997, 2002). While these terms are more commonly used in the United States, it is important to note that in a number of non-Western societies, transgender identities are defined with a unique terminology reflecting cultural norms (Besnier, 1993; Brown, 1997; Johnson, 1997). In these contexts, gender identity and sexual orientation are presented as more integrated identities, compared with the Western medical and psychiatric tradition of segmenting sexual orientation and gender identity into distinctive categories.

Western Psychiatric and Medical Perspectives on Transgender Identities

As Western psychiatric and medical traditions have set the standards for the diagnosis and care of transgender persons in the United States, it is important to consider their impact. While various scholars, as well as members of the transgender community, regard these traditions as invaluable for addressing the needs of transgender persons (Brown and Rounsley, 1996), others suggest that medical and psychiatric perspectives are dominated by themes of transgender identities as forms of mental illness and biological malady (Califa, 1997). The term *disorder* dominates the literature. Medical and psychiatric literature focuses primarily on a binary construction of transgender identity (all individuals should be assigned to either male or female categories), with an emphasis on “correcting” gender deviance through reassignment to the “appropriate” gender. This focus makes transsexuals—individuals who often choose to transition from one gender to another with medical assistance—of primary concern.

A section on Gender Identity Disorder (GID) appears for the first time in the American Psychiatric Association’s 1980 publication, *Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition (DSM-III)*. GID is described as incongruence between biological sex assignment and gender identity. Three different types of GID diagnoses are discussed: transsexualism, non-transsexualism type, and not otherwise specified (American Psychiatric Association, 1980). In *DSM III*, treatments described vary from psychotherapy to sex reassignment surgery (SRS). Three more editions of *DSM* have appeared since 1980.

The current edition, *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR)* (American Psychiatric Association, 2000), continues the use of the GID classification, but expands diagnosis standards introduced in *DSM-III*. In *DSM-IV-TR*, there are four major criteria that must be present to make a diagnosis. First, there must be evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other gender (Criteria A). This cross-gender identification must not merely be a desire for any perceived cultural advantages of being the other gender. Second, there must also be evidence of persistent discomfort about one’s assigned gender (based on biological anatomy) or a sense of inappropriateness in the gender role of that assigned gender (Criteria B). Third, the individual must not have a concurrent physical intersex condition (referring to conditions in which a person is born with a reproductive or sexual anatomy that does not fit the typical definitions of female or male) (Criteria C). Fourth, there must be evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criteria D). In the case of transsexuality, individuals are further categorized under primary transsexualism (emerging in early childhood) or secondary transsexualism (emerging during or after puberty). GID

is used primarily to diagnose conditions related to transsexual identities, while another classification, Gender Identity Disorder Not Otherwise Specified (GIDNOS), applies to conditions such as intersex anatomy or cross-dressing behavior (American Psychiatric Association, 2000).

DSM-IV-TR is complemented by the fifth edition of the *Harry Benjamin Standards of Care for Gender Identity Disorders*, which outlined a treatment framework, including therapeutic and medical guidelines, as well as standards for ongoing evaluation of patients who are undergoing sex reassignment surgery (Harry Benjamin International Gender Dysphoria Association, 2001). A number of scholars (including Bornstein, 1994; Carter, 2000; Mallon, 1999b) are highly critical of *DSM-IV-TR* and the Harry Benjamin Standards of Care, citing their negative, stigmatizing nature. Using these two frameworks, an individual must in essence be documented as having a mental illness (using *DSM-IV-TR*) in order to access sex reassignment surgery (as specified by the Harry Benjamin Standards of Care) (Carter, 2000).

Literature consistently identifies a growing outrage in transgender communities regarding the GID diagnosis (see Califia, 1997; Carter, 2000; Wilchins, 2002). Pressure to remove gender identity disorders from *DSM-VI-TR* has been compared to the 1973 removal of homosexuality as a mental illness diagnostic classification from the 1973 edition of the *DSM* (Carter, 2000). Pauline Parks, a transgender activist, argues that every psychiatrist who diagnoses GID in a patient merely by virtue of the individual's transgender identity is complicit in the manipulation and control of transgender people and their bodies. Parks asserts that in diagnosing someone with a so-called illness that the person does not have, the psychiatrist engages in behavior that not only is unethical, but also constitutes medical malpractice (Cooper, 1999).

Further, medical and psychiatric literature focuses primarily on a binary construction of gender identity. Normality is defined as a biological and gender identity match as either male or female. The majority of medical and therapeutic approaches are designed to assist individuals in moving from one gender to another. These approaches do not fully address the needs of individuals who, for a variety of reasons, may forgo gender reassignment surgery or may define gender identity as existing outside binary notions of male or female identities. In reaction to binary identities, one transgender college student described self as follows:

I'd use the word transgender. I'd also use "non-operational female to male." I'd also use the word "genderqueer." I identified as a feminist before identifying as trans. It was really embedded in me. It played a big part in my decision not to have surgery. I've tried with my identity to not reinforce the gender binary system, and options have been limited to the trans community by focusing so much on transsexualism (involving gender reassignment surgery). The only option is, if you're male, to become female, or vice-versa. Transgender youth have felt that binary gender system is not for them. We want to increase the number of genders. [Bilodeau, 2005]

Though medical and psychiatric approaches comprise the dominant paradigm for addressing the concerns and needs of transgender persons in the United States, it is apparent that these perspectives provide only partial understanding of the range of ways transgender identities are expressed.

Feminist, Postmodern, and Queer Theory Perspectives on Gender Identity

Feminist, postmodern, and queer theoretical scholars present significant alternatives to medical and psychiatric perspectives on gender identity. A number of these scholars suggest that gender identity is not necessarily linked to biological sex assignment at birth, but is created through complex social interactions and influenced by the dynamics of institutionalized power inequalities (Butler, 1990, 1993; Halberstam, 1998; Wilchins, 2002). Further, this framework takes issue with binary male or female constructions of gender and transgender expression as mental illness, favoring more fluid notions of gender identity (Butler, 1990, 1993; Creed, 1995; Feinberg, 1996, 1998; Halberstam, 1998, Wilchins, 2002). Regarding systemic power and gender, Bornstein (1994) suggested that gender is essentially a binary, male or female class system. This system leads to negation of the existence of more fluid gender identities increasingly expressed by transgender youth (Bilodeau, forthcoming; Wilchins, 2002). The systemic privileging of the binary, two-gender system has been described by the term *genderism* (Wilchins, 2002).

As alternatives to binary gender identity constructions and related oppressive systems, a number of feminist, postmodern, and queer theorists posit transgender identities and gender fluidity as normative and cite as evidence centuries of global traditions of gender-nonconforming identities (Butler, 1990, 1993; Creed, 1995; Feinberg, 1996, 1998; Halberstam, 1998). As examples, Feinberg (1996) documented several instances in Western European history where gender variance and transgression existed, including Joan of Arc, Amelia Earhart, and Rebecca's Daughters (cross-dressing Welsh resistance fighters in World War II). Beyond normalizing support of transgender identities, a number of feminist, postmodern, and queer theorists suggest that all individuals may benefit from the dismantling of dual gender systems, promoting greater freedom from rigid gender roles (Feinberg, 1996; Wilchins, 2002). Themes reflecting these perspectives are also emerging in human development spheres.

Human Development and Transgender Identities: A Call for New Theoretical Models

A notable contribution in the human development field is the volume *Social Services with Transgendered Youth* (Mallon, 1999a), which primarily focuses on adolescent populations. In particular, the book addresses problematic

issues of *DSM-IV* and broadens attention to ways youth construct gender identity outside binary systems. In another publication, Mallon (1999b) argued that it is inappropriate for social service practitioners to use traditional human development models, including those of Erikson (1950) and Marcia (1980), because these theorists posit concepts of gender role identification in traditionally gendered, biologically based constructions. Though an increasing number of studies of transgender persons are emerging (Denny, 1998; Devor, 1997), Mallon (1999b) suggested that this work has yet to propose the creation of healthy, nonstigmatizing models of transgender identity development. He calls upon human service practitioners to create such models and to develop an in-depth understanding of cross-disciplinary trends regarding sexual orientation and gender identity concerns.

Multiple Perspectives Related to Sexual Orientation and Gender Identity

To summarize the theoretical lenses presented in this chapter, models and theories related to sexual orientation and gender identity development differ in scope, format, and underlying epistemological assumptions. These perspectives range from being based on assumptions of a universal linear experience of identity development to relying more on the social context of the developing person. Some models assume that sexual orientation and gender identity have distinctive natures, separate from the interplay of identity characteristics related to race, nationality, disability, spirituality, and socioeconomic class. Other models view diverse identity characteristics as inextricably linked to the development and expression of sexual orientation and gender identity. In addition, some models assume an essentialized, biologically determined nature of sexual orientation and gender identity, while others focus on the social construction of identity. These assumptions, as well as the nature of the research sample (if any) on which the model was based, influence the general characteristics of families of theories. Table 3.1 summarizes some of these characteristics, origins, strengths, and criticisms.

Implications for Student Affairs Practice and Scholarship

The choice of a particular theoretical model influences educational practice and research. Practitioners and scholars must take into account the value-laden nature of theories related to sexual orientation and gender identity development. As an example, a worthy student affairs goal is to support LGBT students in ongoing self-work surrounding personal identity. Basing educational interventions intended to promote development on linear models, however, may imply that there is an ideal endpoint that students should be prompted to attain. The educational initiative could imply that to be at any stage other than the endpoint is inferior.

Table 3.1. Comparison of Sexual Orientation and Gender Identity Development Theories

	<i>Stage Models of Sexual Orientation Identity Development</i>	<i>Life Span and Other Nonlinear Models of Sexual Orientation Identity Development</i>	<i>Diverse Perspectives on Sexual Orientation and Gender Identity</i>	<i>Medical and Psychiatric Perspectives on Gender Identity</i>	<i>Feminist, Postmodern and Queer Perspectives on Gender Identity</i>
Examples of Theorists or Sources	Cass, Fassinger, Savin-Williams, Troiden	D'Augelli, Fox, Klein, Rhoads	Boykin, L. S. Brown, Clare, Diaz, Raffo, Wilson	<i>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision; Harry Benjamin Standards of Care</i>	Butler, Creed, Feinberg, Halberstam, Wilchins
General characteristics of models	Linear progression from lack of awareness of sexual orientation through immersion in identity to integration of identity.	Focus on specific processes of identity development within sociocultural and life span context.	Describe LGBT identity and development in relation to other psychosocial identities (gender, race, culture, class, ability, and so on).	Posit "normal" gender identity as that in which gender identity corresponds in traditional ways to biological sex; transgenderism and transsexuality are viewed as psychiatric disorders.	Posit gender identity as socially constructed within system of power based on gender, race, class, sexual orientation, ability, and other socially constructed categories.
Samples on which models were based	General adult population, clinical or incarcerated populations (Cass)	College students, general adult population	Subpopulations of adults, adolescents, college students	Clinical populations	None; scholarship and theories not typically derived from empirical research

Strengths of these models for higher education practice	<ul style="list-style-type: none"> —Offer parallel theories of human development (such as Erikson, 1950) in progression from less to more complex ways of understanding self and society —Conceptualize development in a way that can be understood and applied in campus settings 	<ul style="list-style-type: none"> —Account for context of identity development —Illuminate processes as well as outcomes of identity development —Some were developed specific to college context 	<ul style="list-style-type: none"> —Enrich theoretical basis for understanding LGBT identity in multicultural contexts —Challenge universalized notions of LGBT identity —Support development of programs and services that meet needs of diverse student populations 	<ul style="list-style-type: none"> —Provide legal basis for provision of services to transgender individuals under the Americans with Disabilities Act 	<ul style="list-style-type: none"> —Account for context of identity development —Illuminate psychosocial elements of college environment that may influence gender identity —Account for structural differences in power
Criticisms of these models	<ul style="list-style-type: none"> —Appear to prescribe a universal linear developmental trajectory that does not fit the experience of many individuals —Imply an endpoint and appear to value achievement of that endpoint as most healthy outcome of identity development —Ignore individual differences (gender, race, class, culture, and so on) that may influence or interact with sexual orientation identity —Many are not specific to college environment or experience —Many were developed with small empirical samples or were not based on empirical data 	<ul style="list-style-type: none"> —Many are not specific to college environment or experience —Many were developed with small empirical samples or were not based on empirical data 	<ul style="list-style-type: none"> —Some appear to assume fixed notions of socially constructed categories (gender, race, class, and so on) and universality of experience of LGBT people within those categories —Many were developed with small empirical samples or were not based on empirical data —Many are not specific to college environment or experience 	<ul style="list-style-type: none"> —Appear to ignore social contexts of gender identity development and enactment —Tend to pathologize as mentally ill individuals whose gender identity does not conform to their biological sex —Most are not specific to college environment or experience —Ignore individual differences (race, class, culture, and so on) that may influence or interact with gender identity 	<ul style="list-style-type: none"> —Do not provide theoretical background on identity development per se —Most are not specific to college environment or experience

Alternatively, if the theoretical family selected as the basis to design LGBT student support initiatives is feminist, postmodern, or queer, design considerations should address the social construction of LGBT identities within systems of campus power. Example questions and related issues are as follows:

When considering the design of LGBT student support initiatives, what is the nature of the university's political and sociohistorical contexts and how do these influence current levels of LGBT student "outness" and visibility? The student expression of sexual orientation and gender identity at a small, private, politically liberal institution may be very different from that at a large public land-grant institution with a conservative board of regents.

Given political and sociohistorical contexts, how supportive will institutional leadership be of implementing a range of LGBT student support initiatives?

What type of strategic advocacy for LGBT student support initiatives is the best match to secure institutional support?

Are advocacy strategies selected in collaboration with LGBT students in a manner that empowers identity construction and expression?

These questions mirror assumptions of feminist, postmodern, and queer theory perspectives, reflecting ways in which choice of theoretical model may influence decisions about design of campus LGBT student support initiatives.

Beyond the work of student affairs practitioners, the impact of the operating assumptions of an LGBT theoretical framework is also revealed by faculty engaged in teaching and research. Using a feminist perspective in a study of transgender student identity may result in very different conclusions from those drawn from research based on a medical model. For example, a feminist study may reveal ways in which the voices of transgender students are systematically silenced on campus. A medically based study may focus on ways that transitioning from one gender to another may aid transgender students in being more comfortable on campus.

Theoretical operating assumptions may at times be explicit, at others unnamed, but some form of bias is always involved. It is critical that student affairs professionals and scholars are fully conscious of the potential impact that these assumptions bring to their work.

Based on the models presented in this chapter, related student affairs practice and research may express a wide range of assumptions and values. These include such notions as "biology is destiny," "social change occurs only through grassroots empowerment," and "human life unfolds in stages." Regardless of the models of sexual orientation or gender identity selected as the basis for practice and research, it is important that they be thoughtfully examined. Practitioners and scholars have an ethical responsibility to

understand what the underlying assumptions of the models are, what each purports to describe, on what populations or premises the models were based, and whose interests are served by different models and their uses.

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