Sexual Identity/Orientation in a Dramatherapeutic Context

An Attachment Perspective

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respect to originality and quality.

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Abstract

Sexual Identity/Orientation in a Dramatherapeutic Context: An Attachment Perspective

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This paper utilizes a bibliographical methodology. The intention of this paper is to connect and synthesize three fields of research: drama therapy, sexual identity/orientation, and attachment theory. There is a comprehensive literature review of child and adult attachment theory, sexual identity/orientation in regards to identity formation, attachment and sex and sexuality, and drama therapy in connection to attachment theory and to sexual identity/orientation. This paper also offers suggestions for the drama therapist that may be addressing both attachment related difficulties in adulthood and those dealing with their sexual identity/orientation in his or her practice. The author addresses his own experience with attachment and sexual identity/orientation. This paper addresses limitations, areas for further study, and contributions to the field of drama therapy.

Acknowledgments

I dedicate this paper to all of the LGBTQ people that continue to struggle in a world where not everyone fully comprehends how special and amazing such people are.

I would like to put forth my appreciation for the support of the faculty, staff, and my classmates at Concordia University, who have helped me in this journey to not only become a drama therapist, but to help me reconnect with myself and my emotions.  I would like to give a special thanks to Jason Butler, Jessica Bleuer, and Bonnie Harnden.  Thank you, Jason, for all of your support and silliness.  Thank you, Jessica, for going above and beyond as my academic supervisor and supporting me in all my choices.  Thank you, Bonnie, for all your warmth and support, and for making me feel fully seen and heard in a very long time.

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Lastly, to my father, I could not be prouder to be your son.  You are missed every day.

"People always liked to talk, didn't they?  That's why I call myself a witch now: the Wicked Witch of the West, if you want the full glory of it.  As long as people are going to call you a lunatic anyway, why not get the benefit of it?  It liberates you from convention."

-Elphaba Thropp, *Wicked: The Life and Times of the Wicked Witch of the West*

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Introduction

Each year LGBT (Lesbian, Gay, Bisexual, Transgender) youth struggle with many challenges. Twenty-six percent report that their biggest problem is that their parents or family are not accepting of their identity or orientation, 21% report that their biggest problem is being bullied or troubled at school, 18% state a fear of being outed or open with their orientation/identity, and 14% report their biggest problem as suffering from depression, eating-disorders, self-harm, or suicidal thoughts (HRC, 2013). There is a stark difference in identified problems amongst non-LGBT identified youth when compared to those identifying as LGBT. Twenty-two percent of non-LGBT states their biggest problem to be trouble with their class work or grades, 17% state college or career decisions, and 14% state that financial problems, getting a job, or paying for college as their biggest problem. LGBT-identified youth also express these top non-LGBT identified problems as ones they face, but their value is placed much lower. I would imagine that problems such as these can easily transfer into adulthood.

When persons, be it of a younger or older generation, struggle with challenges such as these, I cannot help but wonder how their attachment bonds are affected. Do they maintain a secure attachment? Does it become or has it been anxious-avoidant, fearful-avoidant, or preoccupied? As a gay male, having struggled with challenges of my own, I think of my experience and how such obstacles may have contributed to my current attachment bonds. I feel a strong connection to this topic and wonder what connections there may be.

**Primary Research Question**

As an emerging drama therapist, I also have come to wonder how these two topics, sexual identity/orientation and attachment, can be addressed within a drama therapeutic context. My primary research question is: How can sexual orientation/identity and subsequent issues with attachment be addressed within the context of drama therapy?

**Subsidiary Research Question**

Throughout my academic career, both undergraduate and graduate, I have felt a strong connection to attachment theory. Specifically, I feel more connected to attachment in adulthood than childhood. Childhood may be when our first bonds are first formed, but research such as Bartholomew and Horowitz (1991) or Hazan and Shaver (1987) has shown that such bonds continue throughout our adult lives. It is because of this I wonder: How can having a gay/lesbian/bisexual sexual orientation/identity affect one's attachment style in adulthood?

## Literature Review

According to the Art Therapy and Drama Therapy Research Handbook (2013), bibliographical research involves gathering, studying, and synthesizing empirical, qualitative, or other types of research on a subject or subjects that have yet to be stitched together. This paper employs a bibliographical methodology and will aim to collect research within attachment theory. This includes attachment in regards to childhood and adulthood, sexual identity/orientation, and drama therapy. Suggestions will be made on how a drama therapist could potentially address attachment and sexual identity/orientation with clients—note that they are merely suggestions—this paper will not create a specific intervention or program.

**Attachment Theory**

Attachment theory is not only a theory but a vast area of research within psychology. The theory came to prominence with the works of John Bowlby and then Mary Ainsworth, amongst others. It stemmed from "evolutionary biology, object relations theory, control systems theory, etiology, and cognitive psychology" (Cassidy & Shaver, 2008). In the following section I will focus on attachment theory in childhood, particularly highlighting the contributions of John Bowlby, Mary Ainsworth, and Donald W. Winnicott. I will also speak of attachment as it carries into adulthood, covering various literatures ranging from the work of Bartholomew, Horowitz, Shaver, Cassidy, Mikulincer, Hazan and others.

**Childhood attachment.** Many individuals have helped contribute to understanding the bonds a child forms with its primary caregiver through child analysis. Some of these people include Freud, Klein, and A. Freud. They are not the focus of this

paper.  However, whereas Klein "believed that the child's early relationship with its

mother lives within the child and that it becomes a template for future relationships" (as

cited in Karen, 1998, p. 41), Bowlby "held the view that real-life events—the way parents

treat a child—is of key importance in determining development…the object relations was

talking about were entirely internal relationships" (as cited in Karen, 1998, p. 46).  These

differences in a child's psychic reality and the maternal reality appear to be the big

separator between both Klein and Bowlby, and I believe this marked distinction to be a

stepping stone that brought Bowlby to the breadth of work he contributed to attachment.

In his book *Attachment* Bowlby claims that his work for his theory of attachment

began in 1956 (Bowlby, 1982).  He has written many articles over the years of his life,

including his "Attachment and Loss" trilogy (*Attachment; Separation: Anxiety and

Anger; Loss: Sadness and Depression*).  Bowlby (1980) defines attachment behavior as

"any form of behavior that results in a person attaining or maintaining proximity to some

other clearly identified individual who is conceived as better able to cope with the world"

(p. 39).  The work Bowlby has done has been instrumental towards elevating attachment

theory to the place it holds within psychology today.

Bowlby (1982) states that attachment behaviors have been likened to object

relations, which is derived from Freud's theory of instinct.  This theory posits that an

object of instinct can be defined as "the thing in regard to which or through which the

instinct is able to achieve its aim" (p. 177).  Bowlby states that attachment theory is a

belief that the tether a child has to the mother is the product of activity from multiple

behavioral systems, which have closeness to the mother as a predictable outcome.  Klein

thought the opposite, that the mother's behavior or connection to child was far less

important than the child's own psychic reality (Karen, 1998).  However, babies have been shown to react differently towards the mother than other persons as early as three months of age.  Bowlby (1982) states though that such behavior cannot be considered fully as attachment behavior until evidence arises of recognition of the mother and attempts to maintain proximity to the mother.  This is not to say that the child's own psychic reality is nonexistent or unimportant, but Bowlby and others have demonstrated evidence to support that the maternal reality contributes to the child's well-being.

Nowadays it is becoming more frequent to see different types of families, an example being two same-sex parents and their children.  Since I am focusing on attachment and sexual identity/orientation, I find it prudent to mention that attachments, specifically the primary mother-child bond, need not come from a child and the biological mother.  I feel that it not be a "maternal" reality the child experiences, but the reality the child experiences by whoever is the primary caregiver.  Bowlby uses the term "mother" for the primary attachment bond, and has even used the term "mother-figure."  I believe that the former term is limiting and the latter to be more encompassing of different possibilities.  The primary attachment bond could be in the form of a single father, a father whose female spouse is emotionally absent or distant, one member of a same-sex male couple, one member of a same-sex female couple, a single mother (who may not even be the biological mother), or other substitute figures.  Research has begun to show the importance of non-maternal caregivers, specifically shedding light on the contributions of fathers, in which children have been shown preference in playing with father (Kazura, 2000) and such interactions increases the child's arousal and play state

(Feldman, 2003). Current attachment research has also shifted to using the term "primary caregiver."

Regardless of who the primary attachment figure is, after the first year of a child's life there is a marked increase in the child's awareness of an impending departure of the mother-figure. The child also gains confidence with age that the mother-figure will return and can feel security in a strange place with subordinate attachment figures, specifically around the age of three. This is under stipulations that the child is neither alarmed nor unhealthy, subordinate figures must be relatively known to the child, and that the mother-figure will resume contact within short notice (Bowlby, 1982).

Bowlby has proposed that "the function of attachment behavior is protection from predators" and that the infant is given the opportunity to learn survival techniques from the mother-figure (as cited in Bowlby, 1982, p. 234). This system could be activated with three specific conditions: a) condition of the child, b) whereabouts and behavior of mother, and c) other environmental conditions. Such conditions listed for the child are fatigue, pain, hunger, cold, and ill health. Whereabouts and behavior of mother includes the mother's absence, mother's departure, and mother's discouragement of proximity. Lastly, the other environmental conditions include occurrence of alarming events and rebuffs by other adults or children (Bowlby, 1982, pp. 258-259).

Bowlby (1982) indicates that there are four phases that the baby undergoes as its attachment system forms. The first phase is labeled as *Orientation and Signals with Limited Discrimination of Figure*, in which the infant initially has trouble discriminating one person from another, but as eyesight and hearing continues to develop the infant will lessen crying on hearing a voice or seeing a face of a consistent figure. The second phase

is labeled as *Orientation and Signals Directed towards One (or More) Discriminated Figure*, which shows the infant behaving similarly to the first phase but beginning to show difference towards auditory and visual encounters with the mother-figure when compared to others.  This phase lasts up until about six months of age.

The third phase is labeled as *Maintenance of Proximity to a Discriminated Figure by means of Locomotion as well as Signals.*  During this phase the baby can increasingly discriminate between others, certain others are elected as secondary attachment figures, and strangers may be treated with caution or eventual alarm.  This phase can begin around six months of age and last until around the age of two or three.  The last phase is labeled as *Formation of a Goal-corrected Partnership*, in which the infant is attached to the mother-figure and begins to acquire insight to said figure's feelings and motives.

Bowlby has also indicated a belief that another function of the attachment system is for reproduction purposes.  In regards to sexual orientation/identity Bowlby spoke of same-sex attachments and that while he recognized their existence he believed that they went against the sexual behavioral system's purpose of reproduction (Mohr, 2008).  This is also not to say that Bowlby was homophobic, but merely that his view of attachment functions were for men and women to procreate, and being that two men or two women cannot physically do so, such attachments are counterproductive but existent.

Bowlby (1980) emphasizes that "determinants of the pathway along which an individual's attachment behavior develops, and of the pattern in which it becomes organized, are the experiences he has with his attachment figures during his years of immaturity—-infancy, childhood, and adolescence" (p. 41).  Bowlby also states that loss is a main component of how attachment can be affected.  Within loss are four phases of

mourning, which Bowlby states as a) numbing, b) yearning and searching for lost figure (anger), c) disorganization and despair, and d) greater or less degree of reorganization. As attachment behavior develops, a sudden loss could shake the child to the core and ultimately affect its attachment bonds towards others. In addition to loss, Bowlby speaks of separation and its effects on attachment, stating that when the child is confident the mother-figure will return and not abandon him, there are fewer proclivities for fear. This is in turn affected by actual experience and slowly built during infancy, childhood, and adolescence (Bowlby, 1973).

Such confidence or lack thereof can be shown within the three patterns of attachment Bowlby lists in the first volume of his "Attachment and Loss" trilogy. The first pattern, *secure*, has infants categorized as secure to the mother. The second pattern, *avoidant*, categorizes infants as anxiously attached to the mother and avoidant, meaning that strangers are treated in more friendly regards than the mother-figure. Lastly, *anxious*, categorizing infants as anxiously attached to mother and resistant, marking a divide between infants that seek contact but also resist contact and interaction with the mother-figure (Bowlby, 1982). These patterns stem from the work of Mary Ainsworth and the Strange Situation.

Mary Ainsworth has published many articles that have helped to secure the standing that attachment theory continues to hold to this day and claims that three specific approaches have led to the development of the infant-mother relationship. These three approaches are object relations theory, dependency, and attachment. Object relations theory and attachment have previously been defined, but dependency has not. Ainsworth (1969) states that dependency is defined as "at first as a learned drive,

acquired through its association with the reduction of primary drives" (p. 970).

Ainsworth also states there is an implication of immaturity, and that dependency is

connected to a state of helplessness. Ainsworth goes on to iterate that dependency has

been viewed by social learning theorists as a type of behaviors, which is acquired through

the child's relationship with mother-figure, and reinforced through the mother-figure's

attention and interaction with the child.

Ainsworth (1969) draws heavily from Bowlby's works, referencing that there are

three classes that mediate attachment behaviors. These three classes are labeled as

orientational, signaling, and executive. Utilizing Bowlby's work and his four phases in

development of attachment behavior, Ainsworth (1969) states that the child will visually

and aurally orient towards the mother-figure to stay aware of his or her whereabouts, and

will utilize methods like crying, calling, smiling, or babbling to get the mother-figure's

attention (p.1003). Ainsworth became quite interested in the effects of separating the

child from the mother-figure, and after working with Bowlby for a few years Ainsworth

began researching the attachments of infants in 1954 while living in Uganda.

The research Ainsworth (1967) conducted in Uganda looked at a total of 28

babies and her initial query was whether separation from the mother was harmful or

whether deprivation of maternal care that accompanied the separation was the actual

problem. Ainsworth observed the babies over a series of weeks and made note of

behaviors of the ones Ainsworth considered attached and the ones she called

"nonattached." Some of these behaviors included excessive crying and clinging or a

general lack of response as the mother prepared to leave. Through all of these

observations Ainsworth was asking herself questions as to why the baby might be

responding in such ways, such as "Were the babies less attached than the children who clung to their mothers and would not let them go? Or were they perhaps simply more secure in their relationships with their mothers?" (Karen, 1998, p. 139). Ainsworth eventually wrote *Infancy in Uganda*, detailing the findings of her research and introducing the concept of secure-base (1967).

Ainsworth (1964) later identified 13 patterns to signify an attached baby through research at John Hopkins University. These patterns are a) differential crying, b) differential smiling, c) differential vocalization, d) visual-motor orientation, e) crying when mother leaves, f) following, g) "scrambling" over mother, h) burying face in mother's lap, i) exploration from mother as secure base, j) clinging, k) lifting arms in greeting, l) clapping hands in greeting, and m) approach through locomotion. It was not until 1965, after the work of Harry Harlow and his rhesus monkeys confirmed Ainsworth's thinking, that she developed the first incarnation of the *Strange Situation* (Karen, 1998). The Strange Situation is a set series of eight episodes, varying between the mother, baby, observer, and stranger. These episodes involved different procedures to determine the baby's attachment to the mother (Ainsworth & Bell, 1970).

Ainsworth has replicated this study multiple times, and from the findings she was able to designate three kinds of attachment. The first kind, *secure* attachment, has infants seeking proximity to the mother-figure, fairly confident the mother-figure will return, upset when left by the mother-figure, awaited mother-figure's return, and would readily accept the embrace upon returning. The second kind, *avoidant* attachment, has shown infants as less dependent on the mother-figure. Such children might be more clingy or aggressive and demanding in comparison to securely attached children, and would be

wont to show no interest in the mother-figure's return, even though the child was visibly

upset when the mother-figure left.  The third kind of attachment, *ambivalent*, tended to

have children at their most anxious.  These children might be equally or more clingy and

demanding than the avoidant attached children, were notably upset when the mother-

figure abandoned them, and were inconsolable when the mother-figure returned

(Ainsworth & Bell, 1970).  Main and Solomon (as cited in Greenberg, Cicchetti, &

Cummings, 1990) added another pattern with Mary Ainsworth's blessing.  This pattern

indicated that some infants studied in a replication of the Strange Situation experienced

"bouts or sequences of behavior which seemed to lack a readily observable goal,

intention or explanation.  The term selected to describe these diverse behavior patterns

was *disorganized* and/or *disoriented*" (p. 122).

I find it important to note as I conclude this section that while most of

Ainsworth's research focused on the Strange Situation and infant-mother bonds,

Ainsworth did have an opinion on same-sex attachment.  Like Bowlby, Mary Ainsworth

also acknowledged the existence of same-sex attachments in a romantic context.

Ainsworth stated that such attachments are likely to function like hetero-normative

attachments, but the key difference is that heterosexual attachments are sanctioned by

society (as cited in Mohr, 2008).  For a time, Ainsworth was correct, and to some degree

still is.  This will be addressed in the chapter Attachment and Sexual Identity/Orientation.

Donald Winnicott, though he did not explicitly contribute to attachment theory,

was instrumental in object relations theory and furthering insight into the infant-mother

relationship, both of which provided pieces of the basis for which attachment theory is

composed of.  There are three components of his work that I believe to be important

towards how attachment theory has been shaped. These components are the transitional object, the "good-enough" mother, and the true/false self.

In regards to transitional objects, Winnicott (1953) states that such an "object goes on being important. The parents get to know its value and carry it round when traveling. The mother lets it get dirty and even smelly, knowing that by washing it she introduces a break in continuity in the infant's experience, a break that may destroy the meaning and value of the object to the infant" (p. 91). This object, Winnicott states, need not be a blanket or teddy bear, but can be a sound or can even be the mother. In this regard, such objects and the bonds to them can be likened towards the development of attachment systems that Bowlby (1982) states, be it in the first, second, third, or fourth phase when the child begins to discriminate between mother-figure and others. Winnicott (1953) states "the infant can employ a transitional object when the internal object is alive and real and good enough…badness or failure…indirectly leads to deadness or to a persecutory quality of internal object" (p. 94). If the object in question is the mother-figure, this could then be likened towards the infant developing an avoidant or ambivalent attachment should he or she fail or do bad.

Fonagy (2001) states that:

> Winnicott's theory is traditionally regarded as highly compatible with attachment theory formulations. The theories evidently agree in placing the self as the focus of the psychology of the mind, seeing self and object representations as intertwined and reciprocally influencing agents, construing relationships as organized to safeguard self structures. (p. 102)

Another area where Winnicott can be linked to attachment theory, specifically in helping to establish a secure base, is through early omnipotence. Winnicott (1960) states that in infancy, both good and bad occurrences happen outside of the child's control. Through the support of the mother-figure, the infant can develop despite not yet having control over its circumstances of what is good and bad in the environment, which Winnicott believes it is vital to the child's well-being. According to Fonagy (2001), omnipotence of the infant is satisfied when the caregiver can satisfy the infant's needs to be confident that said caregiver has capability to acknowledge and accept protest or attacks from the infant.

Winnicott (1960) states that the mother-figures that are able to provide good enough care to the infant can enhance themselves; but only if they show the infant that their task is essential. Winnicott also states that mother-figures that do not innately have the ability to provide good enough care cannot be made better solely through instruction. Such actions of the mother-figures can help lead towards the patterns of attachment that Ainsworth and Bowlby have developed through their various research. If the mother-figure excessively dotes on the child, said child might develop an anxious attachment, or if the mother-figure is excessively absent or unavailable, the child might develop an ambivalent attachment. According to Karen (1998), Winnicott termed the "good-enough" mother to be someone who must not be perfect so the child can leave behind pretentiousness, not be an imposition, and eventually form as a separate person. If the mother-figure can accomplish this, the child can be on its way towards a secure-base.

Karen (1998) speaks of the third component, Winnicott's false self, as something in the child that manifests by acting larger than life, constantly aiming to please, and demonstrating a greater air of competency and maturation; stating that this is believed to

be a response to the mother's psychic intrusions.  While Winnicott may have held more of connection towards child analysts such as Klein than with Bowlby or Ainsworth, the development of the false self seems to be a combination of the child's psychic reality and the maternal reality.  If the mother-figure is the transitional object and is not the "good-enough" mother, it would then seem possible that the child's own experiences and experiences with the mother-figure can contribute to adopting a false self, which in turn can manifest as an ambivalent or anxious attachment style.  This is vastly different from the concept of the true self, which develops:

> through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent expressions…the true self does not become a living reality except as a result of the mother's repeated success in meeting the infant's spontaneous gesture or sensory hallucination. (Winnicott, 1965, p. 145)

It would then seem that if the mother-figure is successful or "good-enough," the true self can develop when in turn can also lead towards the development of a securely attached child.

**Adult attachment.** While the bonds formed during childhood are vital and ultimately shape the way the child interacts with the mother-figure and others, the growth does not end there.  Attachment research has shown that these patterns and bonds carry into adolescence and adulthood.  Berman and Sperling (1994) define adult attachment as "the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security" (p. 8).  To

distinguish between adult attachment and child attachment, what one must know is that whereas the child attaches to the mother-figure and this relationship seems to form the basis of future attachments, adult attachment is the continuation of attachment bonds that started in childhood. Both are connected to each other, but different. One of the main differences that I feel between child attachment and adult attachment is that with adult such connections incorporate not just parental units, but friends, lovers, and even pets.

Rothbard and Shaver (1994) state that the dynamics of adult attachment are thought to be more complex than those in childhood, and that the major determinants of each style might be similar; the similarity being that the origins come from parental relationships and evolve in the context of future important significant bonds. Though the bonds of attachment are initially formed with parents, Weiss (1982) suggests that as the child grows into adulthood the parents are "relinquished earlier as attachment figures when the parents are 'de-idealized' as a result of children's awareness of the parents' frailties or when the parents are inadequately accessible or impose emotional distance by being preoccupied with their work" (p. 177).

One of the notable differences between childhood attachment and adulthood is the distinction of four types of attachment. This differs from the three that John Bowlby and Mary Ainsworth developed through their research, secure, anxious-avoidant, and anxious-ambivalent. This distinction is shown through the work of Bartholomew and Horowitz (1991).

Bartholomew (1990) proposed a four-group model of attachment styles, stating that combining Bowlby's models of the self and the other creates its basis. Bartholomew and Horowitz (1991) break the model down to conceptualize the four combinations based

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on image of self and image of other.  It describes four levels of attachment, a) *secure*, b) *preoccupied*, c) *fearful-avoidant*, and d) *dismissing-avoidant.*  These are measured on two axes, *dependence* and *avoidance*.  To explain simply, one who is securely attached tends to have a high opinion of his or her self and is trustful of the world, allowing the ability to be intimate with others.  If one is preoccupied, he or she tends to have a low opinion of his or her self but still seek intimacy and closeness from others.  Such persons can be described as needy or pushy.  A person with a fearful-avoidant attachment would typically have both a low opinion of his or her self and a distrust of others, opting to push them away and avoid intimacy.  Lastly, someone that has a dismissing-avoidant attachment may have a high opinion of his or her self but are mistrusting of others, avoiding intimacy.  This has been supported in Bartholomew and Horowitz's (1991) findings.  The results of their studies encompassed levels of self-confidence, degrees of intimacy in friendships, balance of control in friendships, level of involvement in romantic partnerships, self-disclosure, intimacy, caregiving, elaboration, capacity to rely on others, and emotional expressiveness.

I find it important to note that I have preference over this model than other models or explanations of attachment in adulthood.  When I refer to attachment styles for adults in my personal discussion, I will be referring to Bartholomew and Horowitz (1991).

A handful of other people have contributed to the breadth of research on adult attachment.  Berman and Sperling (1994) state that there are three types of adult attachment relationships, which are attachment in romantic relationships, attachment to parents, and attachment in marriage.  Of these three types of attachment in adults,

romantic relationships has been researched extensively (Feeney, 1996, 1999a, 1999b; Feeny & Noller, 1990, 1991; Hazan & Shaver, 1987; Levy & Davis, 1988; Shaver & Hazan, 1988). Specifically, the work of Hazan and Shaver has helped to gain further insight into adults and their romantic attachments. Hazan and Shaver (1987) found through a two-questionnaire, forced-choice, self-report study that the prevalence of attachment in childhood is roughly the same in adulthood and that all three types of adults (secure, anxious/ambivalent, avoidant) show difference in the way they experience romantic relationships.

Cassidy (2001) shows ways that secure attachment can be connected to the ability to have intimate relationships, stating that there are four pieces to be able for such intimacy. These abilities are a) the ability to seek care, b) the ability to give care, c) the ability to feel comfortable with an autonomous self, and d) the ability to negotiate. She also proposes that the capacity for intimacy can be elevated if a person has not had secure attachments throughout his or her life, but has been able to forge such connections later in life.

Regardless of romantic relationships and intimacy, parents, or marriage, there have been multiple tools used to assess attachment in adults. One such tool is the Adult Attachment Interview (AAI), which currently consists of 20 questions, asking questions about childhood including questions about loss, rejection, discipline, and current relationship to parents (as cited in Hesse, 2008). Another tool is the Adult Attachment Scale (AAS), which utilizes a five-point Likert scale and asks 18 questions to describe feelings about romantic relationships (Collins, 1996). There is also the Attachment Style

Questionnaire, a 40-question report that uses a six-point Likert scale (Feeney, Noller, & Hanrahan, 1994).

Other tools for assessment purposes have been developed, specifically regarding adult attachment and parental relationships. Mikulincer and Shaver (2007) discuss three specific measures: The first measure is the Inventory of Parent and Peer Attachment (IPPA), developed by Armsden and Greenberg (1987), which assesses adolescents' perceptions of the relationship they have with their parents and their friendships. The second measure is the Parental Attachment Questionnaire, developed by Kenny (1987), utilizing a 55-item self-report scale for adolescents and young adults which asks about relationships with parents, description of parents, and feelings and experiences related to parents. The third measure is the Reciprocal and Avoidant Attachment Questionnaires for Adults (RAQA), which is used to assess attachment in adults to parents or other attachment figures, and was developed by West and Sheldon (1988).

Attachment in adults is not limited to romantic relationships or relationships with parents. There has even been research done to see if attachment patterns could correlate with the "Big Five" personality traits, which are neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. Shaver and Brennan (1992) conducted a study utilizing the NEO Personality Inventory and the work of Hazan and Shaver (1987), finding that at least three of the five traits were significantly associated with attachment styles. People identified as securely attached were indicated as less neurotic, more extraverted, and more agreeable than insecure and avoidant participants. The study also found that "security was best predicted by low neuroticism and high extraversion. Avoidance was predicted by low agreeableness, high neuroticism, and low openness to

feelings. Anxious-ambivalence was predicted only by high neuroticism, and low

openness to values" (pp. 543-544). These results are indicative that perhaps attachment

styles are connected to aspects of personality, and not just the bonds formed as an infant.

The field of adult attachment is quite vast. I will address such attachments in

regards to sexual identity/orientation.

**Sexual Identity/Orientation**

I believe that defining one's sexual identity or orientation can be one of the most

harrowing processes. As someone who tends to like structure and the labeling of things, I

find comfort in having a group to place myself or being provided with a label. Some

people would agree with this, yet some would not. It is my preference to have a label or

definition in regards to sexual identity or orientation, however, there are times where I do

not like such labels because the label itself attaches connotations with it, be those

negative or positive.

I find it important to define what sexual identity and sexual orientation is before I

continue with this chapter. These terms have been used interchangeably, either in

literature I have read or in conversations amongst friends and colleagues. However, the

two are different, separate terms. Micucci (2009) defines sexual orientation as "the

pattern of one's sexual attractions, fantasies, and behavior," whereas "sexual identity

implies that one has adopted for oneself a label selected from those commonly available

(i.e., gay, lesbian, bisexual, or heterosexual)" (p. 31). Coming to terms with either one's

sexual identity or sexual orientation is circumstantial, and as such it can be a relatively

easy process or a difficult one. Depending on a plethora of issues— family values,

religion, culture, financial dependency, etc.—such a process could affect the formation of

this identity or attachments with others, and in the following subchapters I will present

collected research highlighting LGBT identity or orientation formation ,in both a social

and individual context, and the possible effects on attachments.

**Identity formation/social identity theory.** The formation of an identity,

regardless if it is of one's sexual identity, can take time.  Even the word "formation"

implies that there is a process involved to get an end result.  Cox and Gallois (1996)

linked the formation of a homosexual identity to *social identity theory*, which posits that

intergroup behaviors can be affected based on the perception of different statuses

amongst members of a social group, calling into question how to move along the social

ladder, and if one can move from one group to another.  Cox and Gallois point out that

most theorists suggest there are two processes underlying identity development.  These

two processes are *social interaction* and *interpersonal congruency*.  It is suggested that

with social interaction our identities are formed from the social interactions we take part

in.

Cass (1979) states that there are three elements needed to maintain interpersonal

congruency, which are "a) person's own perception of some characteristic that person

attributes to the self, b) person's perception of own behavior which directly results from

this characteristic, and c) perception of another person's view of that characteristic" (p.

221).  To fix incongruency, Cox and Gallois (1996) state that a person can change the

way he or she sees themselves.  A second way is to alter how other people view them so

it is in line with how they view themselves, and a third way is for a person to change his

or her perception of his or her own behavior.  In regards to homosexual identity

formation this can be difficult, as "identity development for homosexuals, as for all

individuals who are members of marginalized and stigmatized groups within a society, is

an issue of group identity as much as individual identity" (Cox & Gallois, 1996, p. 9).

Fonagy and Target (1997) state that "as the self exists only in the context of the other, the

development of the self is tantamount to the aggregation of experiences of self in

relationships" (p. 684).  Should there be struggle with sexual identity, these essential

relationships could be damaged, and thusly attachment bonds would be negatively

affected, and potentially the development of the self.  This conceptualization is spoken in

more detail within the chapters Perception and Support*.*

   While there are two underlying processes in identity development, social identity

theory has two underlying processes, which are *self-categorization* and *social

comparison*.  Self-categorization is when a person places his or herself within a certain

group or niche, though it is not a simple choosing of a label.  It is something that is taken

on over time, forming more fully when one has learned the usual values, attributes, and

behaviors associated with whichever group (Cox & Gallois, 1996).  Some of these

identities may come into conflict with one another, an example being a devout Christian

and self-designation as a homosexual, but some of these identities may fuse in time to

create a unique and independent identity.

     With regards to social comparison, people at times will inevitably compare

themselves to other groups or even members within the same group, sometimes favorably

or unfavorably.  Those with a homosexual identity and internalized stigma may

negatively compare themselves to those with a heterosexual identity, as an example.

There may even be comparisons amongst other members of the LGBT community.  An

example could be that some gay men and lesbian women may feel bisexuality is not

legitimate, that it is a label for those who are taking time in making up their mind on which orientation they will stick with, be that a same-sex or opposite-sex attraction. Yet another example could be within the gay community, that a gay male of a slim figure and little body hair, a "twink," is superior to a gay male of a bigger frame and more body hair, a "bear." This indicates that there can be a dichotomy or chain within a group, so that subgroups can form.

In addition to identity within a group, people also maintain their own personal identity. This refers to anything seen as unique or separate from other individuals, be it a value, thought process, quirk, or anything else. Cox and Gallois (1996) state that "the particular dimensions incorporated into social identity determine the kind of homosexual identity a person has, as well as the degree of rivalry with the heterosexual outgroup (if there is any)" (p. 16). This highlights the fact that within the LGBT community a homosexual identity can be a social identity, a personal identity, or both. Social identity theory also posits that there are two strategies that members of subordinate groups can employ to enhance their identity within society, the first being *social mobility*. Social mobility is when a nonmember of the group tries to enter the dominant group through engagement of certain activities. This is something that is just for the individual, not for the whole group. Cox and Gallois (1996) reference four types of activities that one with a homosexual identity might engage in.

The first activity is *capitulation*, which is when the individual takes no part in homosexual activities. The second, *passers*, make a strained effort to separate their homosexual life in a heteronormative society, in the hopes that the two never clash. The third, those who *cover*, will honestly answer if their sexual orientation is asked about, but

are not openly forward with it.  The last activity, *blending*, will behave in such a way that is viewed as appropriate for their gender and view their sexual orientation and see their sexual orientation as inconsequential to the other aspects of their everyday lives (Cox & Gallois, 1996).  I find it unfortunate that these activities need to be adopted, especially since homosexuality is gaining more positive recognition and acceptance today in comparison to 10, 20, or even 50 years ago, but homosexuality is still the subordinate group and heterosexuality the dominant.

The second strategy that members of subordinate groups can employ to enhance their identity within society is *social change*.  Within social change there are two sub-strategies, *social creativity* and *social competition*.  In social creativity, one can find new dimensions on which to compare groups, redefine the value attached to existing comparison dimensions, or to select new comparison groups against which favorable comparisons can be made.  In social competition, one can directly challenge the dominant group.  This can be done through debates, rallying, protesting, or proposing anti-discriminatory laws or legislation.

Moving aside from social identity theory, coming to terms with one's sexual identity or orientation is difficult enough with just the self involved, and it becomes more complex as other people are involved.  Troiden (1989) states that people will learn to "identify and label their sexual feelings through experiences gained with gender roles and their related sexual scripts" (p. 45).  Troiden also designates the difference between identity and self-concept.  Self-concept is what people generally think of themselves as people, whereas identity is a series of perceptions of the self that is thought to showcase the self in certain social scenarios.  Troiden cites heavily from Cass (1979, 1983/1984,

1984), stating that homosexual identity can serve as three different types, either separately or combined. These three are *self-identity*, *perceived identity*, or a *presented identity*.

> According to Troiden (1989) the homosexual identity:
>
>> is a *self-identity* when people see themselves as homosexual in relation to romantic and sexual settings. It is a *perceived identity* in situations where people think or know that others view them as a homosexual. It is a *presented identity* when people present or announce themselves as homosexual in concrete social settings. (p. 46)

A four-stage model is proposed, indicating that the process is not to be considered linear or step-by-step. This model views the formation of a homosexual identity as taking place while the individual is dealing with stigma. The first stage is *sensitization*. It is during this stage that the person assumes he or she is heterosexual, occurring before puberty, and indicative of feeling different from same-sex peers. The second, *identity confusion*, typically occurring during adolescence, is marked by "inner turmoil and uncertainty surrounding their ambiguous sexual status" (p. 53). This is when the idea that he or she is "probably" homosexual begins to flit around in the mind. On average, Troiden reports that gay males suspect they are gay when they are 17, and lesbians at 18, with gay males generally aware of such same-sex attraction and feelings earlier than lesbians. As I read this article, he reported research to find that around age 16 or 17 both gay males and females fully understand what "homosexual" means. This was research he collected from the late 70s, given that in 2014 homosexuality is much more prevalent, I wonder what the average age would be considered today?

The third stage that Troiden (1989) proposes is *identity assumption*. It is at this time that the gay male or female has taken on a self-identity and also a presented-identity when around other homosexuals. During this stage the gay male or lesbian female is marked by self-definition of homosexual identity, tolerance, acceptance, sexual experimentation, exploration of gay subculture, and friendships or associations with other homosexuals. On average, Troiden collected that gay men come to this self-definition between 19 and 21 years old, and lesbian females between 21 and 23 years old. Cass (1984) states that during this stage, the homosexual identity is more tolerated than accepted, at least at first. It is during this stage that a positive or negative homosexual identity formation can occur, depending on contact with other homosexuals. Men and women during this stage may try to pass as a heterosexual, either through avoiding contact with the gay community or other perceived homosexual activities. This can potentially lead to internalized self-hatred or hatred of other homosexuals (Troiden, 1989).

The fourth and final stage, *commitment*, has the gay male or lesbian female fully adopt and accept the homosexual identity as part of their lives (Troiden, 1989). Once the identity has been committed, there is typically a desire to let other people—non-homosexuals—know about it. Lesbian women were found on average to "come out" or disclose to friends at age 28 and gay men were on average found between 23 and 28. For parents, lesbian women on average disclosed at 30 years old, while gay males did so at 28. It is at this point that Cass (1984) calls *identity synthesis*, where a person with a homosexual identity will tell just about anyone who asks, integrates with homosexual and

heterosexual friends and colleagues, and understand that being homosexual is not a defining piece of who they are.

What of bisexuality or transgenderism? Research such as Troiden (1989) or Colgan (1987) that has focused on the formation of a homosexual identity did not include the formation of a bisexual identity or transgendered identity. Pedersen and Kristiansen (2008) conducted a study that investigated homosexual desires, identity, and experiences. Specifically in regards to bisexuality, they found data indicative that it was more common and accepted amongst women than men for sexual exploration and activity with both sexes. Like previous research (Cass, 1984; Colgan, 1987; Troiden, 1989) this study also indicated that women tend to take longer to accept, establish, or commit to bisexuality or homosexuality. It was also found that "roughly twice as many women as men report having a sexual identity that includes a certain attraction to the same sex" (Pedersen & Kristiansen, 2008, p. 86) and "[women] have romantic attachments more often, establish more steady relationships, have sex more on a regular basis with a partner and are more sexually satisfied than men who perceive themselves as homosexual or bisexual" (Pedersen & Kristiansen, 2008, p. 85).

In regards to transgendered individuals, Kuper, Nussbaum, and Mustanski (2012) state that they "may be likely to represent their sexual orientation in non-binary ways, such as queer and pansexual, given their own experiences transgressing societal norms surrounding sex, gender, and sexual roles or behaviors" (p. 251). McKenzie (2010) states that:

> initial adult attachment choices may be partly made both to protect and to hide the
> feared transgendered aspects. The later adult attachment choices, as one comes

out of the gender/sexuality closet, offer a glimpse into the potential interactions

between sexuality and gender development. (p. 92)

Be it gay, lesbian, bisexual, or transgendered identity, Colgan (1987) states that

after the formation of a positive identity, much like Cass' (1984) identity synthesis, a

person has consciously or unconsciously allowed himself or herself worthy and capable

of giving love and receiving it. Colgan (1987) suggests that two concepts, *over-attachment* and *over-separation*, can lead to disturbances in identity, especially amongst

gay males. Over-separation is defined as "forming and maintaining one's identity at the

expense of emotionally satisfying human connections," whereas over-attachment is

"forming human connections at the sacrifice of one's own separate identity" (p. 102).

There are a series of circumstances in a gay male's life that can contribute to over-attachment or over-separation. These include the relationship with parents, especially

concerning the father, gender conformity or nonconformity, and problems dealing with

male-bonding as adult relationships develop (Colgan, 1987).

Colgan (1987) mentions a coming-out model, Coleman (1982), outlining five

stages. The first stage, *pre-coming out*, involves going through life until the gay male

recognizes that he is different from other males. The second stage, *coming out*, marks the

awareness of difference, awareness of desire for other males, labeling as a homosexual

and accepting it, and telling others. The third stage is *exploration*, which entails the

development of social skills to make sexual connections to other males, and coming to

understand that the gay male is attractive and sexually competent. The fourth stage, *first

relationships*, begins with acting on the homosexual identity and seeking and establishing

intimacy with other gay males. Lastly there is *integration*, where two separate gay

identities merge as they become an established couple (Colgan, 1987). It is during this stage that the support provided in a coupling can start up the want or need to address early developmental wounds. All of these stages are important in maintaining a balance between separation and attachment. Should there be disturbances or negative experiences, be that in childhood or adulthood, there can be negative effects such as over-attachment or over-separation. Positive experiences, such as support from family and friends, can lead to not just positive identity, but the balance between attachment and separation.

**Attachment, Sex, and Sexual Identity/Orientation**

There has been plenty of research on attachment and sex or romantic connections (Feeney, 1996, 1999a, 1999b; Feeny & Noller, 1990, 1991; Levy & Davis, 1988; Morh & Fassinger, 2003; Hazan & Shaver, 1987; Shaver & Hazan, 1988), however, most of this research focuses on heterosexual relationships. The research on same-sex attachments is considerably smaller, but it exists. Mohr (2008) states a possible reason for this to be because working with heterosexual couples may be less challenging and less controversial than research with same-sex couples. In 2014, with all of the advances the community has made including same-sex marriage legalization in multiple states and the revocation of "don't ask, don't tell" in 2011, I find it difficult to believe that working with homosexual couples is just as challenging six years later. I believe there needs to be more research done. That being stated, this subchapter will be a blending of collected research in regards to attachment and sex, and attachment within the LGBT community.

Cooper et al (2006) report that securely attached individuals seems comfortable in their own skin and their sexuality, which enables them to derive pleasure from multiple

sexual activities.  While they are seemingly comfortable with their sexualities, securely attached individuals are more likely to have such sexual activities in a committed relationship than in casual and uncommitted sex.  This differs from avoidant attached individuals, in which Mikulincer and Shaver (2007) reported multiple studies indicating that the attitude towards casual sex is more positive.  Ridge and Feeney (1998) similarly found that there is a connection between avoidant attachment and sexual permissiveness amongst gay men and lesbians.  Anxious attachment has been associated with confusing sex with love, vulnerability to pressures of sex, initiation of sex at a younger age, more sexual partners, and less likely to use precautionary measurements when engaging in sex (Cooper et al., 2006).  It is also with anxious attachment that individuals may worry about their sexual attractiveness (Gillath & Schachner, 2006).

Mohr states lesbians and gay men differ in ways that are consistent with gender socialization processes, suggesting that attachment-related dynamics in same-sex couples may be influenced by traditional gender patterns (as cited in Fassinger & Arseneau, 2007).  Also in regards to gender patterns, Landolt, Bartholomew, Saffret, Oram, and Perlman (2004) found that amongst gay men gender nonconformity was significantly associated with rejection of both mother and father—in addition to peers—in childhood. Paternal and peer rejection independently predicted attachment anxiety, though maternal rejection did not.  It was additionally found that peer rejection mediated the association between paternal rejection and attachment avoidance.  Mohr (2008) found that clinical writings suggest that both external manifestations of anti-LGBT prejudice and internalization of negative views of same-sex attraction can lead to diminished satisfaction and greater conflict in same-sex couples.

A breadth of what little research there is on LGBT and attachment seems to focus on the anxiety dimension of attachment. Ridge and Feeney (1998) and Mohr and Fassinger (2007) found amongst subjects that there was higher levels of attachment anxiety in gay and bisexual men than in lesbian and bisexual women. Zakalik and Wei (2006) found that attachment anxiety had a strong positive connection with perceived discrimination. This gives implication that people who are more anxiously attached are likelier to notice others' rejection based on their sexual orientation and that gay males with attachment anxiety are susceptible to depression through the detection of discrimination signals. Wang, Schale, and Broz (2010) conducted a study and found that anxiously attached LGB individuals were likely to seek support from:

> both heterosexual and nonheterosexual peers when dealing with struggles related to their sexual orientations; however, because of the fear of being rejected by either group and a strong desire to please others, they may feel a need to hide their innermost thoughts and feelings to maintain the approval of all people, which results in a difficult identity process. (p. 42)

In the identity formation process, Mohr and Fassinger (2003) found that "attachment insecurity may increase susceptibility to fear with regards to the tasks of identity development and curtail the exploration that is often critical in forging a positive LGB identity" (p. 483). Another concept within attachment research and the LGBT community that could lead to less secure attachment and more fearful or dismissing attachment is shame. Wells and Hansen (2003) found amongst a lesbian sample that the more securely attached one was, the less shame they tended to feel, and that higher levels of shame were typically felt by lesbians higher in fearful and preoccupied attachment.

The study had also predicted that the more of a dismissing attachment style subjects had, the less shame they would feel, though results indicated that they felt greater shame.

More recently, Mohr, Selterman, and Fassinger (2013) may be one of the first studies to replicate findings from previous work on same-sex attachment and couples functioning. Feeney (2008) found that "attachment avoidance is typically associated with less relationship commitment in heterosexual couples; yet, in the present sample commitment was uniquely associated only with anxiety" (p. 79). Mohr et al (2013) also make note that anxiety may be more prevalent for same-sex couples in comparison to heterosexual couples. The reasons for this could be because of "exposure to negative societal beliefs questioning the sustainability of same-sex relationships, fewer social structures designed to encourage stability in same-sex couples, and greater exposure to norms for negotiating non-monogamy" (p. 79).

There is more research that speaks to attachment and LGBT issues. Such issues speak to the subsidiary question of my research: how can having a gay/lesbian/bisexual sexual orientation/identity affect one's attachment style in adulthood? The following subchapters detail two different components that I believe affect the attachment bonds adults with an LGB sexual orientation or identity. These components are perception and support.

**Perception.** Everyone deals with perception in their lives. The perception we have about others or the ones others may have about us could influence how we interact or interrelate. An example I bring forth is in regards to social comparison, which was mentioned as a piece of social identity theory. There are a lot of subcultures within the gay community and each subculture, be it a "twink," a "bear" or whichever other, has

certain perceptions of the other subcultures.  These perceptions can be negatively or positively associated with the group, and as such it can affect how one interacts with another member of a different group.  The perceptions that people hold over LGBT individuals can thusly affect attachment bonds, either reinforcing a secure attachment or contributing to preoccupied, dismissing, or fearful attachment.

*Familial perception.* The involvement of family can create ease or tension when an LGBT individual discloses their sexual identity or orientation.  Each family is different, but there are multiple perceptions that can cause these individuals to strengthen or weaken the attachment bonds formed with family members and friends.  Mohr and Fassinger (2003) state that when one comes out that person runs the risk of rejection, physical harm, or censure amongst colleagues, friends, and family.  Given these risks, the perceived notion that one's family may not be accepting or supportive can put strain in the attachment relationship, either through avoidant or dismissive tactics.

Mohr and Fassinger (2003) also state that LGB individuals with insecure attachments may avoid partaking in aspects of identity development, such as experimentation, coming out to friends, or getting involved within the community.  The fear or perceived negative reaction of family members should they find out about the LGBT individual could contribute to this avoidance of a homosexual identity development.  Henderson (1998) points out that perception of a parent's reaction to coming out is important and not to be done in haste, as the dependence on support, food and clothing, and shelter can be brought in jeopardy if LGBT youth misjudge their parents, yet such youth have the tendency to overestimate the knowledge that parents have about homosexuality.  Jellison and McConnell (2003) found evidence to suggest

that one's attitudes and perceptions about homosexuality and towards one's own homosexuality, acts as a mediator in connecting strong secure attachment and greater self-disclosure.

The parental figures play a role in the positive or negative development of a homosexual identity in their offspring, assuming that the child does in fact identify as LGBT. Armesto and Weisman (2001) found that when parents perceive homosexual behavior as something the child should control there was a higher degree of negative emotional responses. Also to be found was a higher degree of positive emotional responses when parents perceive homosexual behavior as something the child cannot control. If parents perceive homosexuality as something their child should control, this could create big rifts in the parent-child relationship, and as such the child's attachment to his or her parent or other relationships could become less secure. Ben-Ari (1995) found that lesbian and gay youths "who perceived their parents as not having friends from the gay community, not being involved in civil rights efforts, or not expressing social awareness or sensitivity, were more likely to indicate shame, denial, guilt, and anger" (p. 105). Ben-Ari also found their perceptions of fears on disclosure, which included fears such as being blamed, losing their parents and confronting homosexuality, amongst other items. The parental style may also impact the LGBT individual's perception of acceptance and flexibility. Willoughby, Malik, and Lindahl (2006) found that "men who, prior to coming out, perceive their families as close and flexible, with authoritative or indulgent parents, may be more likely to perceive their parents' reactions less negatively than men perceiving their families as disengaged, rigid, and authoritarian" (p. 26).

Murphy (1989) conducted a study regarding lesbian couples and the effects of perceived parental attitudes on the couple. Findings indicate that perception of parental disapproval may result in secrecy of the relationship, could hinder growth of the relationship, or could even bring the relationship closer than before. All three of these results could potentially impact the attachment bond with parents, seemingly in a negative way. Carnelley, Hepper, Hicks, and Turner (2011) conducted a cross-sectional study of over 300 LGB individuals, finding that the perception of an accepting mother during childhood increased the likelihood of coming out to her. In addition, both mothers and fathers perceived in childhood to be more accepting were reported to have a overall more positive reaction to the sexual orientation of their child. All of these studies appear to indicate that perception, be it an LGBT individual's perceptions or the perception of parents of an LGBT individual, is important and can lead to denial of the homosexual identity, physical or emotional harm, or disturbances in attachment.

***Religious perception.*** Religion is a rather delicate subject, or it is at least treated as such. Whether one practices religions such as Christianity, Judaism, Buddhism, Islam, or Hinduism, their respective values and viewpoints can affect the LGBT individual's attachment style. Worthington (2004) states that:

> sexual identity development is likely to vary depending on the moral convictions learned, adopted, and/or rejected by individuals regarding sexual orientations, values, needs, and behaviors. As a result, some same-sex attracted (SSA) individuals may experience intense internal conflicts between experiences of sexual attraction and their internalized sense of morality arising from religion. (p. 741)

The perception that an LGBT individual's religion may not be accepting of their sexual identity or orientation can lead to insecure attachment. McKenzie (2010) states that "the image of the transgendered and homosexual individual is a threat to the orthodox Judeo/Christian monotheistic myth" (p. 93). If values are placed that homosexuality is a sin or inherently wrong, it is possible that the attachment to the religion or people affiliated with that religion can be changed. Such perception could also affect attachment bonds with parents, as Mohr and Fassinger (2003) report that adults within the LGB community that have families connected to antigay religious statures may be more likely to disconnect emotional ties with parents. Unlike if a religion is perceived by the LGBT individual as supportive of their identity, the secure base with that religion or parents practicing that religion might be established and further enhanced. Page, Lindahl, and Malik (2013) conducted a study that examined a negative identity on lesbian, gay, and bisexual adolescents as mediator between both religious stress and mental health and gay-related stress and mental health. They defined having a negative LGB identity as mainly having internalized homonegativity, and found that a negative identity positively correlated to both types of relationships.

**Support.** Perhaps another vital element in maintaining a secure attachment and a positive homosexual identity is through support. This support can come from many places or people, such as family, friends, colleagues, support groups, counseling centers, or hotlines. Two types of support, or lack thereof, which can attribute to how an LGBT identified individual's adult attachment, are *social support* and *familial support*.

***Social support.*** The help and supportive nurturing from one's friends can help foster growth and a positive identity. This is especially pertinent to those identifying

with a homosexual identity; because the opinion of one's social peers can influence his or her evaluation of their sexuality (Jellison & McConnell, 2003). Jellison and McConnell mention that it is also important that a person identifying with the LGBT community get support from other members, as it helps in developing a positive relationship with the homosexual identity and can allow for role models. D'Augelli, Hershberger, and Pilkinton (1998) found that those who had disclosed their sexual orientation to their friends reported a lower frequency of problems amongst those friends and felt more comfortable in their homosexual identity. D'Augell et al also state that LGBT youth attaining support of their sexual orientation from their friends could be a vital link in deciding to come out to family members.

The support offered from friends and social groups is not just important for the individual, but also plays a part in fostering healthy gay-romantic relationships. If the individual or the relationship an LGBT individual has is supported, he or she may strengthen their pride in a homosexual identity and thusly reinforce secure attachment with peers. Research such as Elizur and Mintzer (2003) found that attached security provided a link between relationship quality and perceived friends' support and self-acceptance. Smith and Brown (1997) define social support in such a context as:

> the existence or availability of people outside the couple who are perceived by
> one or both partners in the couple as willing to offer emotional, material, social,
> informational, and other resources in a manner that provides needed assistance
> and that affirms the validity of the couple's status as a couple. (p. 41)

They also speak towards gay-romantic relationships and the understanding of how they work, that having social support could not only increase this understanding but also

increase positively associated feelings each partner has for the other.  Smith and Brown counter that it is also possible that as a couple becomes closer and shown in a more positive light that social support becomes more available to them.  Lastly, Smith and Brown state that even the affirmation a heterosexual friend is supporting a gay relationship can be more effective in contributing to a positive homosexual identity and coupling as opposed to validation from other members of the LGBT community.  It is, however, equally important to have friends within the gay community, as their support can help fight any hardships experienced in the heterosexually dominated world.

*Familial support.* Having a supportive family can be considered a gift for the LGBT individual.  Research has shown that not only is support a contributor to secure attachment, but can solidify a positive gay identity (Mohr & Fassinger, 2003).  One of the results affecting attachment due to a lack of support from family can be internalized homophobia.  Not having parents, siblings, or other relatives accept the LGBT individual for all that they are can create separation and distance amongst the family, and Jellison and McConnell (2003) report that internalized homophobia can lead to a plethora of problems.  Such problems include the forsaking of goals towards education or career, unsafe sexual practice, domestic violence, or even over-eating and alcoholism.  Mohr and Fassinger (2003) reported that individuals who had trouble coming to terms with their sexual orientation were more likely to exhibit high avoidance and high anxiety attachment patterns.

A lack of support from family members can also provide certain dangers to the LGBT individual.  D'Augelli et al (1998) reported that lesbians were more frequently than gay males to receive threats of physical violence from family members, specifically

mothers, if disapproving of their child's sexual orientation.  Findings were based on victimization and/or protection from family members, and were separated by sex and by disclosure status.  Other dangers might include rejection, or even the act of being financially cut off.  Such fears that these events could occur due to a perceived lack of support can prevent the individual from disclosing their sexual orientation to family.

Elizur and Mintzer (2001) found in their study though that support from family and friends predicted disclosure, whereas Holtzen, Kenny, and Mahalik (1995) found that disclosure was "positively associated with characteristics of secure attachment [and]…attachment security is positively associated with length of time since disclosure" (p. 353).  Some individuals may not have support from their families, though research has indicated that they also seek support from friends (D'Augelli et al, 1998; Elizur & Mintzer, 2003; Jellison & McConnell, 2003; Smith & Brown, 1997).  While it definitely seems better to have support from both family and friends, in which case a positive homosexual identity or orientation can continue to thrive, I believe that it is better to have one or the other than neither.

**Drama Therapy**

The context of this paper is to also gather literature and research about drama therapy and connect it to the previously mentioned reviews of attachment theory and sexual identity/orientation, in order to potentially address such issues within drama therapy.  It is firstly important to define what drama therapy is.  According to the North American Drama Therapy Association (NADTA, 2014), drama therapy is:

the intentional use of drama and/or theater processes to achieve therapeutic goals. Drama therapy is active and experiential.  This approach can provide the context

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for participants to tell their stories, set goals and solve problems, express feelings, or achieve catharsis. Through drama, the depth and breadth of inner experience can be actively explored and interpersonal relationship skills can be enhanced. Participants can expand their repertoire of dramatic roles to find that their own life roles have been strengthened.

**Drama therapy and attachment theory.** The research on drama therapy and attachment theory is practically nonexistent. In my peer-reviewed searches I have gone through multiple databases, which included PsycARTICLES, PsychInfo, and ERIC. I looked for articles, books, book chapters, theses, and dissertations, but found very little that was specifically about drama therapy and attachment theory. This is not to say I came up empty-handed, though my limited results were on par with what I had expected.

One of the articles I found was Meldrum (2006), which suggests that the stories we tell of our lives are key to identity formation, speaking of how her clients and herself go through "narratives of attachment in gesture and actions, in words and in play and through the drama of [their] relationship" (p. 10). She also argues that in attached relationships, such as the parent-child bond, a child learns to regulate his or her emotions through play. Though she does not specifically address dramatherapeutic exercises in the article, Meldrum does make note that the professional working with attachment theory aims to provide the secure base for clients, through which they can explore, restructure, and gain insight through play. This would make sense since there is an inherent playful aspect to drama therapy.

Jennings (2011) wrote a book called *Healthy Attachments and Neuron-Dramatic-Play*. This book, while not specifically drama therapy, is written by a prominent drama

therapist. With this Neuro-Dramatic-Play (NDP), she synthesizes several areas of child development; including attachment theory, play therapy, drama therapy, and neuroscience. In regards to attachment theory, Jennings states that it "consists of sensory, rhythmic, and dramatic play that forms the basis of the playful attachment relationship…NDP and attachment empower the continuing story" (p. 61). Jennings also says that this form is appropriate for youths with attachment difficulties and also when there is a lack of play in the primary attachment bonds. Another article found was Moore and Peacock (2007), which discusses "Life Story Work," which aims to help children with attachment difficulties further develop a positive sense of identity and not blame themselves for events in their lives that they were not in control of. This is done in such a way by embodying the child's life story, in which "fictional representations of the children's history using drama gave privacy to experience other perspectives, and reframed their story so that traumatic events become re-stored as 'ordinary' memory" (p. 20).

Though not specifically mentioned as drama therapy, Cassidy (2001) speaks towards the use of dolls and/or puppets to demonstrate a child's self-view in the attachment relationship to the mother. The use of such tools could be considered utilizing dramatic projection, which Jones (2007) defines as "the process by which clients project aspects of themselves or their experience into theatrical or dramatic materials or into enactment, and thereby externalize inner conflicts" (p. 84). If the child or adult client were to use projective techniques such as through work with puppets or dolls, it may be possible to see the attachment relationships in their lives.

The last of my findings was a thesis by Jewers-Dailley (2008). This thesis developed a program that combined attachment theory, playback theatre, and adult attachment narratives. It proposes a 20-week program that involves utilization of the AAI and has the facilitator act as both conductor and therapist. The program was established in five stages: a) *assessment and formulation,* b) *establishing a secure base*, c) *playback theatre and attachment narratives*, d) *making meaning, integration, and saying goodbye*, and e) *re-assessment and evaluation*. It is likened to Renée Emunah's Five Phase Model in Drama Therapy, as the stages are not set in stone and can be adapted to each group's pacing. Jewers-Dailley states the intention of the program is foster growth and change in attachment narratives, increase empathy, and to expand knowledge and insight to one's attachment experiences and the experiences of others.

**Drama therapy and sexual identity/orientation.** The research I collected on drama therapy and sexual identity/orientation was just as equally small as attachment theory and drama therapy. Bayley (1999) addresses the transformative aspect in drama therapy and makes connections to *Alice in Wonderland* and queer sexual gender/identity and the theory behind it. He makes note that in drama therapy the question "who am I?" is significant to self-identity and the work the therapist does with his or her clients, as through these transformative elements—through the roles we play— can help flesh out answers to the question.

The other piece of research I found was a thesis by Wilson (2011), in which he incorporated narrative therapy and playback theatre for a dramatherapeutic intervention for LGBT-identified youth. Wilson speaks about narradrama, arguing his case for its effectiveness with LGBT youth in stating that:

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the client and therapist can explore dominant stories, unique outcomes and

alternate stories through drama and through other expressive arts. Problems can

be externalized and deconstructed through the use of objects, puppets, artwork

and scene work. Role-play involving unique outcome scenes helps to model more

adaptive behaviors and alternate stories can be enacted to restructure identity

apart from the problem. Narrative talk therapy only uses language for the same

purposes. Then, a narrative approach to drama therapy with LGBT adolescents

could have a powerful effect for externalizing and deconstructing heterosexism

and for re-authoring preferred narratives through embodied role-play. (pp. 15-16).

In regards to playback theatre, which takes true and told stories which are then retold

through performance, Wilson points out that in working with LGBT youth that:

the power of this method to connect people, validate experiences, and illuminate

shared themes could address LGBT needs for a safe, supportive environment

where reduced isolation and universality of experience could be promoted.

Suffering that has occurred due to sexual orientation or gender identity could

achieve meaning in aesthetic presentation and tellers could gain senses of mastery

over these difficult experiences. (pp. 18-19)

I find it important that this intervention has incorporated both narradrama and playback

theatre. While neither are specifically drama therapy, they both contain qualities and

techniques that can be useful to the drama therapist attempting to work with LGBT

individuals, and even those with attachment difficulties.

Halverson (2010) wrote about a dramaturgical process, which told, adapted, and

performed true stories of LGBTQ (Lesbian, Gay, Bisexual, Transgender, and

Questioning) youths in the construction and showing of their identities. These youths worked with an organization called About Face Youth Theatre, and developed and adapted the participants' stories for performance. Subjects were 40 males, females, and one transgendered individual, varying in ethnicity/race and ranged from 13-20 years old. This article, not explicitly drama therapy, contains dramatherapeutic value and merit through narratives, and as such can be likened to narradrama in addition to narrative therapy. It is because of this link that I am including the reference in this section.

Another article I found, while not specifically about sexual identity and drama therapy, but identity in another regard, I considered extremely useful. Rousseau et al (2005) developed a drama therapy program for adolescent immigrants and refugees that are dealing with identity issues as they adjust to new surroundings. Like Wilson (2011), Rousseau et al (2005) utilized playback theatre in their program, but also incorporated aspects of Augusto Boal's forum theatre. The program aimed to promote four objectives:

(a) construction of meaning (after trauma and separation); (b) the grieving process (loss of loved ones, country, expectations, or dreams); (c) appreciation of difference and construction of creative resistance (that does not lock them into even wider circles of exclusion); and (d) development of multiple affinities that employ a range of possible strategies. (p. 16).

While the program was designated for identity issues amongst refugee and immigrant adolescents, I feel that the program would translate very well to someone with a homosexual identity. Like the adolescents in Rousseau et al (2005), those with an LGBT identity can have experiences that affect those identities.

**Possible intersections.** How might a drama therapist address issues as attachment and any problems associated with sexual identity or orientation?  This is one of the questions I aim to answer.  I am not creating an intervention program or stating that the ideas I list will actually be effective, since therapy is very subjective and these are to be used at one's discretion, but I am merely proposing ideas to use for the drama therapist who may have clients with insecure attachment in adulthood and issues relating to their sexual identity or orientation.

Adapting the program of Rousseau et al (2005) could be one way to help LGBT individuals that have their attachment bonds affected.  This may potentially be done through identifying the issue(s), grieving, strengthening their self-esteem, and providing a secure base as indicated by Meldrum (2006).  The drama therapist could also expand upon and retool the program developed by Wilson (2011), in which not only could the LGBT identity be explored, but also the clients' reported attachment bonds.

Drama therapy has an inherent playful aspect to it, so it could be useful to play with the roles that can be associated with the LGBT community and the roles within the different attachments.  Emunah (1994) states that "the playing out of a multitude of roles serves to expand one's role repertoire, foster an examination of the many aspects of one's being, and increased one's sense of connectedness with others" (p. 12).  Such role playing could be done in scene work, likely first with similar but not exact circumstances to the participating clients, and then move on to utilizing drama as rehearsal for life.  Psychodrama techniques, such as role reversal or doubling, could also help enhance the scenes and get towards the deeper emotions when an individual does not have a positive

homosexual identity or secure attachment and is either affected by lack of support or perception that there will be no support.

Some of the roles regarding sexual identity that can be explored could be: gay, lesbian, bisexual, transgendered, queer, bi-curious, or even straight, to list a few. Roles regarding attachment could be: secure, insecure, anxious, avoidant, dismissing, ambivalent, or fearful. These roles, both attachment or sexual identity roles, could be combined with the role types and archetypes that Landy (1993) lists. It is stated that there are six domains of roles: a) somatic, b), cognitive, c) affective, d) social/cultural, e) spiritual, and f) aesthetic. Some of these roles have subtypes, an example being family roles (son, mother, sibling, etc.) within social/cultural roles. These roles within attachment and sexual identity can potentially be expanded upon through Landy's taxonomy of roles. Clients can explore to their own devices.

A few examples of these combined roles might be the gay son, the dismissing politician, the bi-curious beauty, the Christian lesbian, etc. Once these roles are tried on they can be further explored and aimed to strengthen or master them either for acceptance or reparative purposes. They could even be explored to help in preparation for any future hardships that might accompany the label of the role and its associations. These are just a few potential ways to address attachment and sexual identity/orientation within drama therapy. The aim of this paper is to collect research from attachment theory, sexual identity/orientation, and drama therapy, not to create an intervention or program.

**Personal Discussion**

This section relates my own experience, coming to terms with my sexual orientation and identity. The reasoning for this is to hopefully give perspective to readers as to why I am passionate about this topic and why it drives me to make change within both drama therapy and the LGBT community. I will speak towards what I believe my predominate attachment style is and how I believe it has been affected thus far in my adulthood.

**My Own Experience**

**My attachment style.** The style of attachment that I believe to have is dismissing-avoidant, in accordance with Bartholomew and Horowitz (1991). There was a time when I had considered my predominate attachment style as secure, but this slowly changed when I was 10 years old. The reason for the change, I attribute, would be the death of my father. He died quite tragically, as he worked for Cantor Fitzgerald on floor 104 of the North Tower of the Twin Towers at the World Trade Center. His death and 9/11 is not something that I speak of much, but I do feel that this event has certainly affected my overall attachment style.

I feel that my father's death, in part, has contributed to my dismissing-avoidant style of attachment. The other piece would be the struggle to accept my sexual orientation. Both of these combined has fueled my mistrust of the world and tendency to push people away or avoid intimacy. I had four or five years of just dealing with the death of my father before I had to deal with my sexual identity. In that time I maintained a few close friends, began to push family members away, and essentially wanted to be

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left alone by anyone else.  There was a pull, this simultaneous want or need to be around

people and to just be by myself.  The process of coming to terms with my sexual identity

only fueled the mistrust and avoidance.

      **My sexual identity/orientation.** I have mentioned previously in this paper that I

am a gay male.  I did not always view myself as such.  It was not until I was about 15 or

16 years old that I began to recognize that I was not sexually attracted to women.

Growing up I had had multiple crushes on girls, but had never had a girlfriend.  I was not

confident growing up, neither confident in my abilities nor with my body.  So while I did

at a time have a sexual attraction or romantic feelings towards girls, I had never acted

upon them.  I also did not have anyone I felt I could talk to at the time to sort out my

questions about sex.  Being that I am a relatively private person, I did not feel

comfortable speaking with my twin brother or younger sister.  In no part am I disparaging

my mother, but upon reflection now, I feel that at the time she did not have the proper

headspace to address such issues.  In dealing with the loss of a husband and raising three

children alone, I can imagine that conversations about sex or other things a father figure

might impart on his son—such as learning to shave—would not automatically register.

So I learned from my peers and the internet, which can still be confusing, if not more so.

It was when those feelings towards women went away that my own internal struggle

began.

      *Struggle*. As I have stated, I noticed around age 15 or 16 that my sexual attraction

towards women began to wane.  If I had to guess, I would think that around this time I

was right in the middle of the *identity confusion* phase of the model Troiden (1989)

presents.  I agree that there was an inner turmoil and uncertainty surrounding my

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ambiguous sexual status, and I very well knew what homosexual was or meant at this time. I only knew one or two openly gay students at my high school, and while I was friendly with them, I by no means enacted a presented-identity while around them. I wasn't even sure I was actually gay until I was about 20. I had that time when I said I was bisexual, as the label felt more comfortable than fully taking on a gay identity.

It wasn't until I was working towards my bachelors' degree, four hours away from my home, that I began the *identity assumption* phase. During this time I began to figure out my identity, tolerate it, accept it, and sexually experiment. I still had my apprehensions though, as I did feel a deep, internalized shame for being gay. I still don't quite understand why I developed such a shame. My family had never indicated any ill will towards homosexuality, I am not super religious, nor did I grow up in an intolerant area, but the shame was there regardless. So it was then when I was 21 that I began the final stage, *commitment*, which was marked by letting my friends know through coming out to them. While I began to come out to my friends, I had no intention of coming out to my family. There were two main reasons for this, the first being that I was not financially independent, and the second was an intense fear of rejection. As I said, my family gave no indication of hating the LGBT community, and I did not perceive them to be homophobic, but I wasn't willing to take the risk as I finished up my undergraduate career.

I eventually did come out to my family, but not under the ideal circumstances. Essentially what had happened was a rather intoxicated disclosure on American Thanksgiving. It was not planned. I don't recall a good portion of it, though I do remember a lot of tears on my part. Was it the way I would have liked it to happen? No.

I am glad it happened at all though. The weight I was carrying on my shoulders, constantly feeling like I was lying to my family and lying to myself, had taken its toll. Even though my family was fine with it, the shame I felt had persisted until about a year ago. I think this is when I reached my *identity synthesis*. I grew tired of feeling sorry for myself or that there was something abnormal about me; it was mentally and physically exhausting. If people can't recognize me for all that I am, all that I bring to the table, then they aren't worthy to be graced with my presence. As of today I will tell anyone who asks if I am gay, I have both homosexual and heterosexual friends and colleagues, and know that while being gay is a piece of me, it is not the defining piece. I am so much more.

## Discussion

### Contributions to the Field

The aim of this thesis has been to make connections with drama therapy, sexual identity and orientation, and attachment theory. Before this overview, there was little to be said of attachment and drama therapy and drama therapy and sexual identity/orientation. The literature has not grown, but this now acts as a resource of connecting these fields. That being said there are, like every piece of research, areas that were limited and areas that could be further studied.

**Limitations.** Due to the time constraints within the drama therapy program, the ideal duration of researching and collecting literature would have been longer. However, the lack of research in drama therapy in conjunction with attachment theory or sexual identity/orientation can be considered another limitation. The field of attachment theory is quite vast, and given the scope of this thesis some aspects may have been left out due

to the need of drawing a cutoff point.  In regards to attachment theory in childhood,

another limitation could stem from my own bias.  While many have contributed to the

formation of attachment theory, I consider Bowlby, Ainsworth, and Winnicott to be three

people essential in its development and maturation.  The same bias could apply for adult

attachment, as I place a weighted important on the work of Bartholomew and Horowitz

(1991).

**Areas for future research.** Over the course of collecting this research, I've made

notice that there are certain areas that could benefit for more research to be done.  One of

these areas is with bisexuality and transgenderism.  Many of the studies with attachment

and LGBT issues have largely covered the experiences of lesbians and gay men.  This is

not to say that bisexuals and transgendered individuals are excluded within the sample

sizes, but they are a very small part or often are grouped together with gay and lesbian

categorization.

Another area of the collected research to be further studied is that of the

ethnicities of the samples.  Most of the samples or participants within the LGBT-related

articles (Armesto & Weisman, 2001; D'Augelli et al. 1998; Holtzen et al, 1995; Jellison

et al, 2003; Mohr & Fassinger, 2003; Murphy, 1989; Smith & Brown, 1997; Wells &

Hansen, 2003; Zakalik & Wei, 2006) were Caucasian.  While the dominant ethnic group

of these samples may be Caucasian, they are not indicative or representative of the

overall LGBT experience.  Most of these studies also had more samples of gay males

than lesbian females, bisexual males or females, or transgendered individuals.

I think cultural perception within LGBT articles and attachments is an area that

could stand to be further researched.  I spoke about familial perception and religious

perception, of which there are articles, but culture was not specifically addressed in the articles I have gathered. I feel that studies looking into this could help expand knowledge of the formation of a positive homosexual identity or the desire to come out. In addition to cultural perception studies, I think that there should be more research about the kinds of substitute figures and bonds that LGBT individuals make when their identities are not supported, either socially or with family. Who do such individuals go to if their friends and family aren't supportive or are perceived to not be? Self-report measures could be a good tool to accomplish the acquisition of such knowledge.

Lastly, the other two areas I feel are in dire need of further research are drama therapy and attachment and drama therapy and sexual identity/orientation. As previously stated, the literature searches for both of these yielded very little results. Bayley (1999) recollects his training as a drama therapist and how there was not one "official mention of Queer gender or sexual identity in the curriculum (not even on the gender-based level of gayness and lesbianism) except where it emerged within a group or as a function of some other activity" (p. 8). This would seem to indicate that there needs to be more research done within this field and it should be addressed in training. As drama therapy continues to grow as a field, I think it would behoove the field to research further into LGBT issues. I also think it would greatly benefit for more research of drama therapy and attachment theory. Attachment bonds—especially of the primary caregiver—can comprise how we interact with others, so I find that it is important further expand knowledge of how one can address attachment difficulties in a dramatherapeutic context, especially if said bonds are disrupted because of an individual's sexual identity or sexual orientation.

## Conclusion

The collection of this research has greatly informed me of attachment theory and sexual identity and orientation. Specifically, I feel that I am more consciously aware of the components needed to grow and maintain a positive homosexual identity. Our primary attachment bonds are essential if we want to thrive, and research seems to indicate that they set us up for how we act with others as we enter adulthood, be that in a romantic or platonic context. To address either attachment, sexual identity/orientation, or both of these contexts within drama therapy is something that I greatly aspire to work towards. I feel very strongly towards those who do not have a secure base in their lives, whether they have dismissing, fearful, or preoccupied attachments. I also feel the same towards the LGBT community and I desire to enact change, helping such individuals feel seen, heard, and recognize that they are wonderful people.

To do so would not be an easy task, but I am willing to bring forth the effort as I further my journey as an emerging drama therapist. My own experiences have led me on the path I now trod, and I will always carry the knowledge that there has been many obstacles along the way. It is my hope that this paper has illuminated my dedication and intentions, and can someday be of use to anyone also hoping to work with either attachment theory or LGBT issues in a dramatherapeutic context. I conclude by stating that in regards to both attachment and sexual identity/orientation, we cannot prevent what we cannot predict—and it is impossible to change what has come to pass—but we can try to mend and just live life as it comes towards us.

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