

Spring 5-10-2018

The Role of Attachment in Experiences of Affiliate Stigma Among Parents of Lesbian, Gay, and Bisexual Individuals

Christina Mastropaolo
christinapolo7@gmail.com

Follow this and additional works at: <https://scholarship.shu.edu/dissertations>

Part of the [Clinical Psychology Commons](#), and the [Counseling Psychology Commons](#)

Recommended Citation

Mastropaolo, Christina, "The Role of Attachment in Experiences of Affiliate Stigma Among Parents of Lesbian, Gay, and Bisexual Individuals" (2018). *Seton Hall University Dissertations and Theses (ETDs)*. 2660.
<https://scholarship.shu.edu/dissertations/2660>

THE ROLE OF ATTACHMENT IN EXPERIENCES OF AFFILIATE STIGMA AMONG
PARENTS OF LESBIAN, GAY, AND BISEXUAL INDIVIDUALS

By

Christina Mastropaolo

Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Department of Education and Human Services

Seton Hall University

May 2019

© 2019 Christina Mastropaolo

SETON HALL UNIVERSITY
COLLEGE OF EDUCATION AND HUMAN SERVICES
OFFICE OF GRADUATE STUDIES

APPROVAL FOR SUCCESSFUL DEFENSE

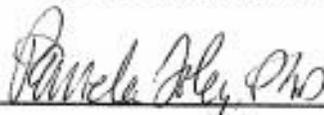
Christina Mastropaolo, has successfully defended and made the required modifications to the text of the doctoral dissertation for the **Ph.D.** during this **Spring Semester 2018**.

DISSERTATION COMMITTEE

(please sign and date beside your name)

Mentor:

Dr. Pamela Foley



3/19/19

Committee Member:

Dr. Minsun Lee



5/10/2018

Committee Member:

Dr. Corinne Datchi



5/10/2018

Committee Member

Dr. Belinda Carrasco



5/10/2018

The mentor and any other committee members who wish to review revisions will sign and date this document only when revisions have been completed. Please return this form to the Office of Graduate Studies, where it will be placed in the candidate's file and submit a copy with your final dissertation to be bound as page number two.

Abstract

The purpose of this study was to examine the relationship between parents of lesbian, gay, and bisexual (LGB) individuals' attachment styles and their experiences of LGB affiliate stigma associated with having an LGB child. It was hypothesized that higher levels of anxious and/or avoidant attachment, as measured by the Experiences in Close Relationships Scale (ECR; Brennan, Clark, & Shaver, 1998), would predict higher levels of LGB affiliate stigma, as measured by the LGB Affiliate Stigma Measure (LGB-ASM; Robinson & Brewster, 2016). A sample of 87 self-identified parents of LGB individuals completed the ECR and LGB-ASM. Utilizing multiple regression, results of statistical analyses provided partial support for the hypotheses of this study. Multiple regression analyses supported the primary hypothesis: overall, higher levels of insecure attachment predicted higher levels of LGB affiliate stigma among parents of LGB individuals. Contrary to hypothesis, however, while higher levels of anxious attachment were found to be a significant predictor of two of the three domains of LGB affiliate stigma, levels of avoidant attachment did not emerge as a significant predictor of any of the three domains of LGB affiliate stigma. Clinical implications, limitations, and directions for future research, particularly with parents of LGB individuals, are discussed.

Keywords: attachment, stigma, LGB affiliate stigma, parents of LGB individuals

Acknowledgements

I wish to acknowledge my dissertation committee: Dr. Daniel Cruz, Dr. Pamela Foley, Dr. Minsun Lee, Dr. Corinne Datchi, and Dr. Belinda Carrasco.

To my mentors and professors at Seton Hall University: Dr. Cruz, thank you especially for your guidance and special contributions to this project as my main advisor; Dr. Lee, for your endless review of drafts and for your steadfast support throughout my years as a doctoral student; Dr. Foley, for your continuous feedback and investment in my growth; and Dr. Datchi, for the generosity of your time and flexibility with this project. Thank you all for your continuous support and the investment and care you have all taken in my professional development. This would not be possible without you.

I would like to extend a special thank you to my outside reader and supervisor at the adult psychiatry and Lucy Wicks Clinic at Columbia University Medical Center, Dr. Belinda Carrasco. Your unwavering support, mentorship, and supervision the past two years have contributed significantly to my curiosity and understanding of attachment theory and will forever have a lasting impact on my development as a clinician.

Thank you to my cohort members, friends, and family—most especially my grandparents (Nan and Pop), my parents, and my partner's parents, Marilyn and John. This would not be possible without your continuous love and support.

Finally, thank you to my partner, Vicky, for your patience throughout this long process, for your confidence in me when I could not find it in myself, and most importantly, for your love.

Table of Contents

| | |
|--|------|
| Title Page | i |
| Approval Page | iii |
| Abstract | iv |
| Acknowledgements | v |
| Table of Contents | vi |
| List of Tables | viii |
| | |
| I. INTRODUCTION | |
| Background | 2 |
| Statement of the Problem | 6 |
| Purpose of this Study | 8 |
| Research Questions | 8 |
| Hypotheses | 9 |
| Conceptual & Operational Definitions | 9 |
| Attachment | 9 |
| Stigma | 11 |
| Courtesy Stigma | 12 |
| Affiliate Stigma | 12 |
| Vicarious Affiliate Stigma | 13 |
| Public Affiliate Stigma | 13 |
| LGB Affiliate Stigma | 14 |
| | |
| II. REVIEW OF THE LITERATURE | |
| Attachment Theory | 15 |
| Adult Attachment Theory | 20 |
| Broaden-and-Build Cycle of Attachment | 21 |
| Attachment and LGB Individuals | 22 |
| Attachment and Parenting | 25 |
| Attachment and Parents of LGB Individuals | 28 |
| Stigma | 32 |
| Stigma Consciousness | 35 |
| LGB Stigma | 36 |
| LGB Affiliate Stigma and Parents | 37 |
| Attachment and Stigma | 40 |
| Summary | 44 |
| | |
| III. METHODOLOGY | |
| Design | 46 |
| Participants | 46 |
| Procedure | 46 |
| Measures | 47 |
| Demographic Questionnaire | 47 |
| Experiences in Close Relationships Scale (ECR) | 47 |

| | |
|--|----|
| Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM) | 49 |
| Power Analysis | 50 |
| Research Questions | 50 |
| Hypotheses | 50 |
| IV. RESULTS | |
| Statement of Design | 52 |
| Descriptive Statistics | 53 |
| Preliminary Analyses | 55 |
| Primary Study Variables | 55 |
| Hypotheses Testing | 57 |
| Hypothesis 1 | 57 |
| Hypothesis 1a | 57 |
| Hypothesis 1b | 58 |
| Hypothesis 1c | 58 |
| Summary | 59 |
| V. DISCUSSION | |
| Interpretation of Findings | 61 |
| Limitations | 66 |
| Clinical Implications | 72 |
| Recommendations for Future Research | 76 |
| References | 79 |
| Appendix A: Letter of Solicitation | |
| Appendix B: Scale Permission | |
| Appendix C: Demographic Questionnaire | |
| Appendix D: Experiences in Close Relationships Scale (ECR) | |
| Appendix E: Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM) | |

List of Tables

| | |
|---|----|
| Table 1: Demographic Characteristics of the Sample | 54 |
| Table 2: Descriptive Statistics for Primary Variables | 57 |
| Table 3: Multiple Regression Analysis for Public Discrimination/Rejection Affiliate Stigma | 58 |
| Table 4: Summary of Multiple Regression Analysis for Vicarious Affiliate Stigma | 58 |
| Table 5: Summary of Multiple Regression Analysis for Public Shame Affiliate Stigma | 59 |

CHAPTER 1

Introduction

The literature has demonstrated that lesbian, gay, and bisexual (LGB) individuals endure experiences of prejudice and discrimination throughout their lifetime. These encounters diminish physical and psychological well-being through such factors as systemic oppression and marginalization (Hatzenbuehler, 2011; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010; Hatzenbuehler, Bellatorre, Lee, Finch, Muennig, & Fiscella, 2014; King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, & Nazareth, 2008; Lewis, Derlega, Clarke, & Kuang, 2006; Meyer, Schwartz, & Frost, 2008; Mohr, 2016; Rostosky, Riggle, Horne, & Miller, 2009). As a result of this persistent adversity, research suggests LGB individuals experience an increased risk of academic failure (Floyd & Stein, 2002), substance abuse, engagement in self-injurious behaviors, and generally disproportionate rates of mental health distress and psychopathology (Grossman & D'Augelli, 2007; Grossman and Kerner, 1998; Mohr, 2016).

Parents of LGB individuals have been shown to play a crucial role in their LGB child's psychological well-being, despite a scarce amount of literature attending to this population's experiences (D'Augelli, Grossman, Salter, Vasey, Starks, & Sinclair, 2005). For example, D'Augelli et al. (2005) found that gay-related suicide attempts in their sample of LGB youth were associated with parents identifying/recognizing their children as LGB, early openness about sexual orientation, being considered gender atypical in childhood by their parents, and parental efforts to discourage their gender atypical behavior, particularly for gay males. Only recently has the literature begun to examine parents' experiences of having LGB children (e.g., Desnoyers, 2014; LaSala, 2010)--experiences that, it seems, deserve attention if psychologists are to ameliorate distress in both the LGB population at large and the distress experienced by family and affiliates of the LGB population.

Background

There are many reasons that certain individuals or groups are stigmatized within a particular culture or society, including social class, race, religious beliefs, ability status, or most relevant to the present study, sexual orientation (Herek, Chopp, & Strohl, 2007). The stigma associated with carrying an LGB identity has been shown to exacerbate many of the daily challenges and adjustments LGB individuals must weather (Williams, Connolly, Pepler, & Craig, 2005). In examining links between stigma and prejudice, Phelan, Link, and Dovidio (2008) attempted to answer which particular characteristics become the object of stigma in society. The authors found that there were two major characteristics most associated with stigma: disease/disability and deviant behavior/identity. Based on these characteristics, Phelan, Link and Dovidio (2008) proposed three functions of stigma: exploitation and domination, enforcement of social norms, and avoidance of disease. In other words, “keeping people down, keeping people in, and keeping people away” (Phelan, Link, & Dovidio, 2008, p. 362).

Exploitation and dominance have historically developed as a means to force minority groups to have fewer resources and power than dominant groups. Dominant groups then develop ideologies to legitimize or undermine the harsh reality of what is happening. Perhaps the most poignant example of this in United States history is the legitimization of slavery and continued racism and abuse of the African American community (Phelan, Link, & Dovidio, 2008). Similarly, members of LGB communities are still fighting for basic human rights, including the right to marry the person they love, a right that has been uncontested within the heterosexual community. This right was only recently afforded to LGB individuals and continues to be challenged socially and politically throughout the United States (HRC, 2015).

Enforcement of social norms may function to make a perceived deviant member of society “conform and rejoin the in-group,” or to “clarify for other group members the boundaries of acceptable behavior and identity and the consequences for non-conformity” (Phelan, Link, & Dovidio, 2008, p. 362). However, Phelan, Link, and Dovidio (2008) posited that this type of stigma is only relevant for identities or behavior perceived by society as voluntary, which may include identification as LGB.

A review of the literature on stigma, particularly as it relates to the LGB community, would be incomplete without mentioning the role of HIV and AIDS. Scholars credit the AIDS epidemic with establishing the importance of studying the effects of stigmatization, particularly on public health (Bayer, 2008). For the gay community in particular, within the United States, men who have sex with men continue to be one of the populations most vulnerable to HIV. Thus, HIV-related stigma experienced by gay and bisexual men especially continues to be connected and directly impacted by experiences of LGB stigma (Riggs, Vosvick, & Stallings, 2007). Particularly at the beginning of the AIDS epidemic, high percentages of Americans had reported discomfort in situations where they would have contact with an HIV positive individual (Herek & Capitanio, 1993, 1998). While many advances and shifts in both medical and cultural understanding of HIV have taken place, HIV remains a significant health concern entering the fourth decade of the epidemic (Catona, Greene, Magsamen-Conrad, & Carpenter, 2016). Likewise, HIV-related stigma and its association with gay and bisexual men continues to impact the LGB community at large (Catona, Greene, Magsamen-Conrad, & Carpenter, 2016). For seropositive individuals, HIV-related stigma shares similar deleterious physical and psychological effects to LGB stigma, including avoidance of help-seeking behavior and medical care (Chesney & Smith, 1999; Reece, 2003).

In addition to HIV-related stigma, which is of course not confined to LGB individuals, sexual minorities experience unique challenges. Unlike other minorities, sexual minorities are often raised in environments that do not positively reinforce or model support for their sexual identity. LGB individuals may grow up experiencing environments of ignorance, rejection, stereotyping, and social exclusion that reinforce a general feeling of being the “other” (Rosario, Schrimshaw, Hunter, Braun, 2006). Furthermore, sexual minorities may be the only minority group in America that is consistently rejected by their own families (Savin-Williams, 1998, 2005). Thus, examination of processes affecting parents’ acceptance of their LGB children, from the parents’ perspectives, could provide greater insight into the factors serving to sustain such hostile familial and social environments for LGB individuals. However, despite a wealth of literature documenting how critical parental support can be to LGB individuals in coping with these negative experiences (e.g., Bird, Kuhns, & Garofalo, 2012; Bregman, Malik, Page, Makynen, & Lindahl, 2013; Newcomb, Heinz, & Mustanski, 2012; Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), few studies have directly examined this process from the parental perspective or given attention to parents of LGB individuals managing these experiences.

Attachment theory may play a significant role in explaining how parents of LGB individuals experience their role as parents in general, as well as their identities and experiences as parents of LGB children. In the same way that adult attachment styles reflect orientations to close relationships, parents’ attachment styles can affect their emotions, cognitions, and behaviors with their own children (Jones, Ehrlich, Lejuez, & Cassidy, 2015). For example, insecurely attached parents may experience less confidence in their ability to parent, more

negative views of prospective and current children, and overall less sensitive and responsive parenting (Jones, Cassidy, & Shaver, 2015; Jones, Ehrlich, Lejuez, & Cassidy, 2015).

Parents' attachment styles may also account for the ways in which they intrapsychically and interpersonally manage the experiences and effects of stigma. Goffman (1963) is credited with one of the earliest conceptualizations of stigma, defining it as “an attribute that is deeply discrediting” that reduces the stigmatized person “from a whole and usual person to a tainted, discounted one” (p. 3). The literature has delineated several subsets of stigma, including courtesy and affiliate stigma (Corrigan & Miller, 2004; Goffman, 1963; LaSala, 2010; LaSala, 2006). Courtesy and affiliate stigma operate under the theoretical assumption that stigma is also experienced by those who are associates of stigmatized individuals, such as parents of LGB individuals. Goffman (1963) defined courtesy stigma as stigma experienced by “the individual who is related through the social structure to a stigmatized individual—a relationship that leads the wider society to treat both individuals in some respects as one” (p. 30). The following study will focus more closely on the way courtesy stigma manifests for affiliates, specifically, parents of LGB individuals. The stigma of having an LGB child, termed LGB Affiliate Stigma, may result in more frequent or enduring activations of the attachment system as parents navigate new and threatening experiences of fear, anxiety, or discrimination (Maxwell, Spielmann, Joel & MacDonald, 2013; Mikulincer & Shaver, 2007). Under duress, insecurely attached individuals are more likely to employ maladaptive coping strategies and behaviors, and they are thus more vulnerable to emotional disorders (Ciechanowski, Sullivan, Jensen, Romano, & Summers, 2003; Mikulincer & Florian, 1995). This study posits that exploration of varying attachment styles will offer insight into the ways in which parents of LGB individuals experience LGB affiliate stigma.

Examining LGB affiliate stigma from an attachment theoretical perspective may not only carry important implications for intrapsychic and interpersonal resources for LGB individuals and their parents, but for psychotherapy outcomes as well. Bowlby (1988) proposed a therapeutic model of change based upon attachment theory that underscores the importance of therapists' roles as security-enhancing attachment figures within the therapeutic relationship. Both anxious and avoidant attachment styles have been shown to interfere with the therapeutic alliance, contribute to negative transference and countertransference, and thus affect treatment outcomes (Shaver & Mikulincer, 2009). However, therapists' ability to provide a secure base for their clients can serve as a buffer to such negative outcomes and create a feeling of safety and courage for self-exploration, insight, and ability to face difficult memories, emotions, and life circumstances for clients (Shaver & Mikulincer, 2009). Thus, this study could also offer insight into practice implications with parents of LGB individuals.

Statement of the Problem

A critical review of the literature on the experience of parents of LGB individuals reveals that it is substantially limited, particularly from a quantitative paradigm (e.g. e.g., Baptist & Allen, 2008; Broad, 2011; Broad, 2002; Fields, 2001; Glennon, 2012; Johnson & Benson, 2014). The existing studies that employed quantitative methodology (e.g., Armesto & Weisman, 2001) were limited in that they did not focus specifically on the parental experience or collect data from parents of LGB individuals (e.g., D'Augelli, 2005; Erspamer, 2013). In addition, most of these studies focused on parents' reactions or concerns about their children coming out (Conley, 2011; Desnoyers, 2014; Maslowe & Yarhouse, 2015), failing to fully capture the experience of parental LGB stigma. This gap in the literature on the stigma experienced among parents of LGB individuals must be examined if researchers are to better understand the process of parental

acceptance. Parental acceptance and connections to family have been shown to be a significant protective factor against the psychological stress experienced by LGB individuals, with LGB self-acceptance as the most salient predictor of positive mental health (Grossman & Kerner, 1998; Resnick, 1997; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

Based on the experiences of stigma faced by LGB individuals, as well as literature supporting the construct of courtesy and affiliate stigma, scholars have posited that the stigma faced by family of LGB individuals is deeply distressing, despite limited literature examining the experience of this population (Holtzen & Agresti, 1990; LaSala, 2010; Robinson, Walters, & Skeen, 1989; Saltzburg, 2004). For example, LaSala (2010) proposes that a parallel process may exist for parents of LGB individuals as they attempt to intrapsychically and socially navigate this new identity. Thus, this study posited that examination of the parental experience of stigma may provide relief for heterosexual parents of LGB individuals as well as LGB individuals themselves.

Similarly, no studies have specifically examined the attachment style of parents of LGB individuals in relation to their experience of LGB affiliate stigma. Desnoyers (2014) explored the concerns of parents that recently learned their child was LGB from an attachment theoretical perspective, however, the author did not examine the construct of LGB stigma experienced by these parents. Based on an exhaustive review of the literature related to the present study, no study exists examining the LGB stigma faced by parents of LGB individuals from an attachment framework.

Stigma experienced by affiliates of LGB individuals is a major factor in determining the development of allies to the LGB community (Jones, Brewster, & Jones, 2014). However, as previously noted, this process has never been examined specifically from the perspective of

parents of LGB individuals and has never done so utilizing an attachment perspective. The lack of literature quantitatively examining this process may in part have been due to a lack of instruments. Prior to 2014, no instrument existed measuring the experience of LGB affiliate stigma (Robinson, 2014). Robinson's (2014) development of the LGB Affiliate Stigma Measure (LGB-ASM) was groundbreaking in measuring this construct using quantitative methodology.

Purpose of the Study

The purpose of this study was to examine the relationship between parents' attachment styles and their experiences of LGB affiliate stigma associated with having an LGB child. While experiences of LGB stigma have been studied in relation to the attachment system, this relationship had never been examined from the perspective of the parent, through the lens of LGB affiliate stigma and attachment theory. This study posited that examination of parental attachment styles could offer valuable insight into parental experiences of LGB affiliate stigma, with clinical implications for work with both parents of LGB individuals and the LGB population at large.

Research Questions

1. Is there a relationship between attachment and appraisals of LGB affiliate stigma among parents of LGB individuals?
 - 1a. What is the relationship between anxious and avoidant attachment and LGB public discrimination/rejection affiliate stigma among parents of LGB individuals?
 - 1b. What is the relationship between anxious and avoidant attachment and LGB vicarious affiliate stigma among parents of LGB individuals?
 - 1c. What is the relationship between anxious and avoidant attachment and LGB public shame affiliate stigma?

Statement of Hypotheses

Hypothesis 1: Parents of LGB individuals who report higher levels of attachment insecurity will report higher levels of LGB affiliate stigma.

Hypothesis 1a: Parents of LGB individuals who report higher levels of attachment avoidance and/or anxiety will report higher levels of public discrimination/rejection affiliate stigma.

Hypothesis 1b: Parents of LGB individuals who report higher levels of attachment avoidance and/or anxiety will report higher levels of vicarious affiliate stigma.

Hypothesis 1c: Parents of LGB individuals who report higher levels of attachment avoidance and/or anxiety will report higher levels of public shame affiliate stigma.

Conceptual and Operational Definitions

Attachment. For the purposes of this study, attachment theory was examined via the lens of Bowlby (1969, 1973, 1980) and Ainsworth's (1978, 1991) work, with the implication that these proposed attachment patterns remain relatively stable in adulthood (Mikulincer & Shaver, 2007) and would directly affect interpersonal relationships and one's ability to manage stigma (Carnelley & Hepper, 2015; Mikulincer & Shaver, 2007). Central to this study is the idea that attachment patterns become mental representations, or internal working models, of self and other. These unconsciously stored models can be representative of one's self-worth, how lovable one perceives his or herself to be, as well as representations of one's attachment figures (Bowlby, 1969, 1973, 1980). Early research beginning with Ainsworth (1978, 1991), Blehar, Waters, and Wall (1978), and continuing through recent studies of adult attachment, indicates that individual differences in attachment orientations are best conceptualized as regions in a two-dimensional space (Brennan, Clark, & Shaver, 1998; Fraley & Waller, 1998). Therefore,

attachment was measured using the Experiences in Close Relationships Scale (ECR; Brennan, Clark, & Shaver, 1998), which utilizes a two subscale and two-dimensional model of anxiety and avoidance. However, analyzing the two dimensions of the ECR (Brennan, Clark, & Shaver, 1998) in a regression framework also allows for interpretation of results from Bartholomew and Horowitz's (1991) four dimensions (i.e., secure, preoccupied, dismissing, and fearful). In this way, the ECR (Brennan, Clark, & Shaver, 1998) was used to interpret higher levels of anxious (preoccupied) and avoidant (dismissing) attachment separately, as well as what it would mean to score higher on both subscales (i.e., fearful/avoidant attachment).

Secure attachment. Individuals with secure attachment styles have had generally reliable and sensitive caregivers. For securely attached individuals, seeking proximity provides feelings of security and confidence that their needs will be met (Ainsworth & Bowlby, 1991). Secure attachments are characterized by positive internal working models of self and others, which translates into low attachment anxiety and low attachment avoidance (Bartholomew & Horowitz, 1991). Lower scores on both subscales on the ECR (Brennan, Clark, & Shaver, 1998) indicate relatively more secure attachment.

Insecure attachment. Insecure attachment styles have been shown to be exacerbated by the stress of stigma (Mikulincer & Shaver, 2007). For the purposes of this study, insecure attachment patterns encompassed three styles: anxious attachment, avoidant attachment, and fearful/avoidant attachment.

Anxious attachment. Anxiously attached individuals have generally experienced inconsistent or overprotective caregivers. Thus, in times of need, seeking proximity to a caregiver will not always result in feelings of security. Anxiously attached individuals may feel unworthy of love and fear abandonment by others. For this reason, clinging to caregivers or

hypervigilance to signs of threat or rejection can be characteristic of an anxious attachment style (Mikulincer & Shaver, 2003). Higher scores on this subscale of the ECR (Brennan, Clark & Shaver, 1998) indicate higher levels of anxious attachment.

Avoidant attachment. Avoidant attachment styles are reflective of individuals who have had generally neglectful or rejecting caregivers (Bowlby, 1969, 1973, 1980). For avoidantly attached individuals, seeking proximity is not an effective strategy to abate fear or insecurity. Thus, disengagement from relationships and distrust in relationship partners' is often reflective of an avoidant attachment style. Avoidantly attached individuals may rely on behavioral independence and deactivating strategies for managing relational threats (Mikulincer & Shaver, 2003). Higher scores on this subscale of the ECR (Brennan, Clark, & Shaver, 1998) indicate higher levels of avoidant attachment.

Fearful/avoidant attachment. Fearful/avoidant attachment is characterized by both high attachment anxiety and high attachment avoidance. Fearful/avoidantly attached individuals experience conflict surrounding both desires for and fears of intimacy, manifesting in both fears of rejection and avoidance of intimacy altogether (Bartholomew & Horowitz, 1991). Higher scores for both attachment anxiety and attachment avoidance indicate fearful/avoidant attachment utilizing the ECR (Brennan, Clark, & Shaver, 1998).

Stigma. The literature's attempt to define stigma throughout the decades has evolved and expanded greatly. Initially conceptualized as an individual construct, the influences of culture and social space have become key in attempting to define the construct of stigma (Yang et al., 2007). One of the most classic definitions of stigma was formulated by Goffman in 1963, defining stigma as "an attribute that is deeply discrediting" that reduces the stigmatized person "from a whole and usual person to a tainted, discounted one" (p. 3). Jones et al. (1984) built

upon Goffman's (1963) definition of stigma, emphasizing that it is embedded in a relational context. That is, the social environment defines what is deviant and what is not, creating the context for which one is then stigmatized. Crocker, Major, and Steele (1998) highlight that at its root, stigma could then be considered a "devaluing social identity" (p.505). On top of this devaluation, stigmatized individuals or groups are often perceived to be at fault for their stigmatized status, leaving them not only to shoulder experiences of stigma, but also feelings of blame and guilt (Luchetta, 1999).

Courtesy stigma. Goffman (1963) was the first to acknowledge the spread of stigma from the stigmatized individual/group to people associated with those who are stigmatized, which has since been replicated in the literature (e.g., Corrigan & Miller, 2004; LaSala, 2010; LaSala, 2006). Goffman (1964) termed this form of stigma "courtesy stigma." Courtesy stigma is defined as stigma experienced by those associated with or related to stigmatized individuals (Corrigan & Miller, 2004; Goffman, 1963; LaSala, 2010). The literature has linked courtesy stigma to negative psychological and psychosocial outcomes (Martens & Addington, 2001; Mickelson, 2001), including low self-esteem (Markowitz, 1998; Tsang, Tam, Chan, & Chang, 2003), secrecy and social withdrawal in anticipation of rejection (Phillips, Pearson, Li, Xu, & Yang, 2002; Stengler-Wenzke, Trosbach, Dietrich, & Angermeyer, 2004), and feelings of guilt (Struening et al., 2001). Courtesy stigma is comprised of two subtypes: vicarious stigma and public stigma.

Affiliate stigma. Affiliate stigma is related to courtesy stigma. However, while courtesy stigma is characterized by the public's perception of associates of the stigmatized individual/group (Corrigan & Miller, 2004; Goffman, 1963; LaSala, 2010), the construct of affiliate stigma can be defined as "the self-stigma and corresponding psychological responses of

the associates” (Mak & Cheung, 2008). In other words, Mak and Cheung’s (2008) definition of affiliate stigma focuses on the internalization of stigma among associates of stigmatized individuals.

Vicarious affiliate stigma. The literature defines vicarious stigma as the suffering experienced by family members of the stigmatized individual/group when they observe the impact of discrimination on their relative (Corrigan & Miller, 2004). Parents of LGB individuals must have insight into the prejudice and discrimination experienced by their LGB children, including insight into the stress of identity concealment and coming out (LaSala, 2010), if they are to experience vicarious affiliate stigma (Robinson, 2014). The deleterious effects of LGB stigma on LGB individuals have been well-documented in the literature and have included physical and mental health distress (Hatzenbuehler, 2009; Huebner & Davis, 2007; Meyer, 2003).

Public affiliate stigma. Public stigma differs from the aforementioned types of affiliate stigma in that it is the perception of, or the reality, that others attribute fault for the stigmatized individual’s characteristic to, in this case, the parents of the LGB individual. In other words, the experience of marginalization, shame, blame, and guilt experienced by family members or close friends (for the purposes of this study, LGB parents only) is due to feeling as though they are blamed for their child’s sexual orientation (Corrigan & Miller, 2004; LaSala, 2010; Robinson, 2014). The literature suggests that public stigma contributes to strained relationships across multiple domains, such as family, friends, and within the community (Oestman & Kjellin, 2002; Robinson, 2014; Struening et al., 2001). Robinson (2014) divided the construct of public affiliate stigma into two constructs: public discrimination/rejection and public shame.

Public discrimination/rejection affiliate stigma. Public discrimination/rejection affiliate stigma is characterized by more external experiences of stigmatization, such as rejection or discrimination from one's community, spiritual organizations, or other family members and friends. For example, a parent of an LGB individual endorsing high levels of public discrimination/rejection might best benefit from resources such as PFLAG or support groups to provide a validating social environment (Robinson, 2014).

Public shame affiliate stigma. Public shame affiliate stigma describes more of the internal processes of public affiliate stigma, such as feelings of shame or guilt experienced by parents as a result of having an LGB child. Such parents might benefit from referrals to psychotherapy to explore and process these feelings on deeper levels (Robinson, 2014), and to address the ways in which they have internalized this stigma.

LGB affiliate stigma. LGB affiliate stigma encompasses vicarious affiliate and both subsets of public affiliate stigma and refers specifically to the stigma experienced by those associating with or related to LGB individuals. This includes concerns about public discrimination or rejection, such as rejection from a church or spiritual community, employer, or other family members due to having an LGB child. It also includes parents' concerns for their LGB children's physical and emotional safety, and feelings of shame or guilt due to having an LGB child. LGB affiliate stigma was measured utilizing the LGB Affiliate Stigma Measure (LGB-ASM; Robinson & Brewster, 2016), which measures LGB affiliate stigma utilizing three subscales: public discrimination/rejection affiliate stigma, vicarious affiliate stigma, and public shame affiliate stigma.

CHAPTER 2

Literature Review

In this chapter, the literature related to attachment theory, its background and key concepts, and its implications for adult relationships will be examined. Additionally, literature will also be reviewed that has utilized attachment theory with the LGB population, attachment and its role in parenting, and attachment and parents of LGB individuals. Next, a review of the literature on stigma will be provided, including stigma specific to the LGB population and affiliate stigma experienced by parents LGB individuals. Lastly, literature outlining and linking implications for attachment style in experiences of stigma is examined.

Attachment Theory

Bowlby's (1969, 1973, 1980) attachment theory is considered one of the most successful and widely studied psychological theories of its time, and continues to influence modern scholarship and thinking (Shaver & Mikulincer, 2009). Bowlby (1969, 1973, 1980) drew from psychoanalysis, cognitive-developmental psychology, and primate ethology to systematically construct his Attachment and Loss trilogy, which posited that human infants are born with an innate set of behaviors designed to ensure proximity, support, and protection from caregivers. From an evolutionary perspective, these caregivers or attachment figures protect the infant from physical and psychological threats, thus ensuring their offspring's survival (Bowlby, 1969, 1973, 1980). Bowlby (1969, 1973, 1980) asserted that proximity to attachment figures also allows for infants to safely explore their environment, thus freeing their emotions for activities unrelated to activation of the attachment system, which, in turn, promotes effective regulation of affect. Gaining protection and support from attachment figures during times of need is the driving force

for activation of proximity-seeking behaviors, referred to as activation of the attachment system (Bowlby, 1969, 1973, 1980).

Differences in availability and attentiveness of attachment figures contribute to variance in the development of internal working models, and thus variations in attachment system functioning (Bowlby, 1969, 1973, 1980). When a primary attachment figure is unavailable, insensitive, or unresponsive to the needs of their child, efforts to obtain security via proximity-seeking behaviors become riddled with doubts. Feelings of frustration, fear, and mistrust signal failure on the part of the attachment figure to offer security, leading to adoption of alternative strategies for dealing with distress and insecurity. Bowlby (1969, 1973, 1980) theorized that interactions with caregivers are internalized and stored as schemas in one's memory to predict future interactions with attachment figures and adjust proximity-seeking behaviors. The purpose of these adjustments is the development of stable and secure representations, or internal working models, of self and other (Shaver & Mikulincer, 2009). In this regard, these early attachment interactions inform later expectations of trust in relationships, beyond that of the parent-child attachment (Bowlby, 1969, 1973, 1980). Working models of self encompass how lovable and competent one might feel, or one's capacity to elicit the affection of a partner. Working models of others encompass representations of attachment figures' responses, including availability, sensitivity, and attentiveness. Thus, these experiences will be reenacted in adulthood because they are biologically rooted and reinforced by early developmental experiences (Bowlby, 1969, 1973, 1980).

It is important to note that, as Bowlby (1969, 1973, 1980) theorized, research has supported that people can be affected by both "security-enhancing and security-eroding" (Shaver & Mikulincer, 2009, p. 25) attachment interactions (Mikulincer & Shaver, 2001). In other

words, attachment-related processes and attachment activation may differ from relationship to relationship as individuals navigate a variety of life stressors. Different working models of attachment are more readily accessible depending upon the amount of experience a person has with a particular attachment figure, the amount of time a person has drawn upon this working model in his or her history, the strength of its neural connections with other models, and its relevance to the present situation or problem (Mikulincer & Shaver, 2001). Bowlby (1969, 1973, 1980) posited that consolidation of these attachment figures into a readily available model is the most important psychological process for healthy attachments from infancy through adulthood.

In her laboratory studies, Ainsworth (1978) pioneered an experimental protocol that permitted direct observation of attachment patterns called the Strange Situation. This experiment operationalized infants' working models of attachment and the expression of the attachment system. After repeated observations of infants' behaviors following separation from their mothers in an unfamiliar environment, Ainsworth was able to delineate three models of attachment between infant and caregiver: secure, anxious, and avoidant (Ainsworth, Blehar, Waters, & Wall, 1978). Securely attached infants were characterized by marked distress when their mothers left the room, however, they recovered quickly upon her return and continued exploring the toys provided for them in the laboratory. Secure infants welcomed their mothers back with affection, initiation of contact, and positive responses during reunification (Ainsworth et al., 1978). As Bowlby theorized (1969, 1973, 1980), mothers of secure infants demonstrated sensitivity and responsiveness to their infants. According to Ainsworth et al. (1978), anxious infants were characterized by hyperactivation of the attachment system, including crying and angrily protesting separation from their mothers, and expressed significant anger and resistance upon reuniting with their mothers. Unlike securely attached children, their hyperactivated

reactions made it difficult for them to regain emotional control, resume play in the laboratory, or respond to parental soothing behaviors. Avoidant infants, on the other hand, were characterized by behaviors that served to deactivate the attachment system (Ainsworth et al., 1978). When their mothers left the room, they expressed little externalized agitation or distress and actively avoided their mothers upon reunion. Mothers of anxious and avoidant infants demonstrated inconsistent, unresponsive, or intrusive responses to their infant's distress (Ainsworth et al., 1978).

Attachment styles can be understood in terms of hyperactivating (anxious) and deactivating (avoidant) strategies (Shaver & Mikulincer, 2009), or what Bowlby (1969, 1973, 1980) termed protest reactions and compulsive self-reliance. Unreliably responsive attachment figures elicit protest and hyperactivating strategies because of the inconsistent nature of their care. Hyperactivating individuals implicitly learn that persistence through energetic, noisy, or boisterous attempts to gain their caregiver's attention is sometimes, but not always, rewarded. Such a dynamic creates a chronically activated attachment state as individuals seek to coerce love, support, and security from their unreliable caregivers. This chronic activation can involve exaggerated sensitivity to cues of threats to the attachment relationship, observed for example when parental figures are unavailable. Thus, this increasing intensity of emotional reactivity becomes a way to regulate attachment frustrations and needs throughout adulthood (Shaver & Mikulincer, 2009).

Unavailable, insensitive, or unresponsive attachment figures elicit compulsive self-reliance and deactivating strategies as individuals attempt to avoid or minimize the emotional pain of their unmet needs. Deactivating strategies occur most often with caregivers who punish or reject their infants' attempts at dependence and vulnerability. This creates a dynamic in which

individuals learn that their proximity-seeking behaviors will never be rewarded and are thus suppressed, leaving them to manage threats to security alone. Deactivating individuals can be understood as denying their attachment needs in order to avoid the pain of cold and insensitive caregivers, leading them to avoid intimacy in relationships and actively distance themselves from activation of attachment thoughts, feelings, and behaviors (Shaver & Mikulincer, 2009).

Researchers have made many advances in measuring attachment styles, particularly with adult attachment (Bartholomew & Horowitz, 1991; Brennan, Clark, & Shaver, 1998; Shaver & Hazan, 1993; Shaver & Mikulincer, 2002, 2009; Simpson, 1990). Advances in methodology have confirmed that attachment styles are best conceptualized within a two dimensional model: attachment-related anxiety and attachment-related avoidance. However, attachment anxiety and attachment avoidance combinations can also be used to create a four dimensional model consisting of secure attachment, preoccupied attachment, dismissive/avoidant attachment, and fearful avoidant attachment (Bartholomew & Horowitz, 1991). Secure attachment is characterized by low anxiety and low avoidance; preoccupied attachment is characterized by high anxiety and low avoidance; dismissive/avoidant attachment is characterized by low anxiety and high avoidance; and fearful/avoidant style of attachment is characterized by both high anxiety and high avoidance (Bartholomew & Horowitz, 1991).

Anxious attachment is characterized by a strong desire for intimacy and protection, intense worries about a partner's responsiveness and commitment, questioning one's lovability or worth, and utilization of the aforementioned hyperactivating strategies when managing feelings of insecurity or distress. Avoidant attachment is characterized by discomfort with intimacy and interdependence with partners, as well as behaviors that serve to emotionally distance oneself from a partner and remain self-reliant. Feelings of insecurity or distress in

avoidantly attached individuals are regulated using deactivation strategies (Shaver & Mikulincer, 2009).

Bowlby (1969, 1973, 1980) viewed successful proximity-seeking, or secure attachment, as the foundation of forming and maintaining successful relationships throughout one's lifetime. Successful attachments continuously reaffirm one's sense of security and strengthen one's capacity for intimate bonds with attachment figures and relationship partners. Throughout one's lifetime, such security spurs the development of healthy self-esteem, self-efficacy, and trust in others. Furthermore, secure attachments are integral to an individual's ability to regulate negative emotions and therefore play a crucial role in resiliency and help-seeking behaviors in the face of distress, throughout the lifespan.

Adult attachment theory. Although Bowlby (1969, 1973, 1980) primarily focused on infant-caregiver attachment, his belief that the attachment system played an integral role throughout one's lifetime has spawned a wealth of literature on adult attachment theory (e.g., Birnbaum, Reis, Mikulincer, Gillath, & Orpaz, 2006; Hazan & Shaver, 1987; Mikulincer & Florian, 1999; Mikulincer & Shaver, 2007; Simpson, 1990). Such research has shown that differences in attachment style affect experiences of romantic and interpersonal relationships throughout adulthood. Specifically, relationships of securely attached individuals are often characterized by higher levels of trust, intimacy, and support, tend to possess more stability, and last for longer periods of time (Hazan & Shaver, 1987; Mikulincer & Florian, 1999; Simpson, 1990). As one might expect, the hyperactivating strategies of anxiously attached individuals generate relationships in which fears of rejection, intrusive relational behaviors, intensely passionate romantic feelings, and jealousy and anger are commonplace (Collins & Read, 1990; Hazan & Shaver, 1987). The deactivating strategies of avoidantly attached individuals, on the

other hand, often generate relationships characterized by fears of trust, intimacy, and emotional connection, and are thus overall less satisfying (Collins & Read, 1990; Hazan & Shaver, 1987; Shaver & Mikulincer, 2009).

Broaden-and-build cycle of attachment security. Mikulincer and Shaver (2003, 2007; Shaver & Mikulincer, 2002) proposed a theoretical model of attachment system dynamics consisting of three components: appraisal of events triggering the attachment system; appraisal of attachment figures' availability, sensitivity, and responsiveness; and appraisal of the viability of proximity-seeking behaviors. In other words, if threatened, individuals seek proximity to an external or internalized attachment figure for protection and must assess whether this attachment figure is available, attentive, or responsive to their needs. Depending upon attachment figures' responsiveness, individuals then activate hyperactivating (anxiously attached) or deactivating strategies (avoidantly attached) of proximity-seeking (Shaver & Mikulincer, 2009). If security is felt, the attachment system activation is quieted, and one can continue with other activities. The continuous reinforcement of this security in times of attachment activation possesses the potential to repair attachment insecurity over time (Shaver & Mikulincer, 2009). Alternatively, the reinforcement that an attachment figure will not or cannot consistently provide security also possesses implications for attachment style throughout adulthood. Shaver and Mikulincer (2009) referred to this cycle as the broaden-and-build cycle of attachment security, based upon Fredrickson's (2001) work in positive psychology. This cycle has important effects on one's intrapsychic organization and interpersonal behavior, including affective regulation and stability, the ability to develop intimate, trusting, and interdependent relationships with others, and one's overall resiliency and ability to adjust, particularly in times of distress (Shaver & Mikulincer, 2009).

Attachment and LGB individuals. The implications of one's attachment style throughout adulthood have been shown to play their own unique role in the lives of LGB individuals and their parents. Given the precarious nature of parental acceptance of their LGB children, it is not surprising that the LGB population experiences disproportionately higher levels of detachment from their parents compared to their heterosexual peers (Wilson, Zeng, & Blackburn, 2011). In their sample of LGB adults, Carnelley, Hepper, Hicks, and Turner (2011) examined attachment styles as a predictor of parents' reactions to coming out and consequences for LGB individuals' romantic attachment. Their path model demonstrated that LGB individuals who perceived their mothers as accepting throughout their childhood were more likely to come out to them. Likewise, parents perceived as accepting were shown to react more positively to their child's coming out. Such results, in turn, were also shown to impact LGB individuals' romantic attachment style in Carnelley et al.'s (2011) sample. Ultimately, their perception of their parents' acceptance throughout childhood resulted in their differing attachment styles, which in turn impacted their ability to trust and experience optimism in their romantic relationships as adults (Carnelley et al., 2011).

Similarly, in their sample of 113 LG adults, Holtzen, Kenny, and Mahalik (1995) examined the relationship among parental attachment, sexual self-disclosure to parents, and dysfunctional cognitions, hypothesizing that secure attachment would enable the risk-taking behaviors necessary for LG individuals to come out to their parents. They found that secure attachment to mothers and fathers made their sample more likely to disclose their sexual orientation and less likely to experience depression and dysfunctional cognitions, as well as influenced the length of time LG individuals waited to come out. Such findings were also supported in the context of gay male relationship quality. In their sample of gay men, Elizur and

Mintzer (2003) found that attachment security mediated perception of support and self-acceptance with relationship quality. Elizer and Mintzer's (2003) findings are especially important for research utilizing attachment theory with the LGB population, as they further highlighted the unique role gay identity plays in relationship quality and attachment style: self-acceptance of one's gay identity contributed to both perception of support and self-acceptance with relationship quality.

In terms of differences in attachment styles, Mohr and Fassinger (2003) found that both avoidantly and anxiously attached LGB individuals were preoccupied with issues surrounding self-acceptance and acceptance from others. Attachment avoidance in particular was negatively correlated to an individual's likelihood of being open about their sexuality, i.e., their level of outness (Mohr and Fassinger, 2003). Similarly, Wang, Schale, and Broze (2010) found that avoidant attachment in their sample of LGB individuals was associated with higher rates of internalized homophobia, binegativity, and identity confusion. The social support so often necessary for LGB individuals to affirm their identities is particularly stunted for avoidantly attached LGB individuals, who are likely to withdraw and inhibit help-seeking behaviors (Palma & Stanley, 2002). By contrast, anxiously attached individuals were found to be more likely to seek external support; however, their fears of rejection and strong desires to please others have been shown to intensify such negative feelings as low self-esteem, throughout the LGB identity development process (Wang, Schale, & Broz, 2010). Further supporting the importance of attachment security in negotiating one's LGB identity, Jellison and McConnell (2003) found that attachment security in their sample of gay men was associated with positive attitudes towards their gay identity and a successful coming out process.

Mohr (2016) examined the impact of daily heterosexism experiences for 82 LGB young adults in relation to their attachment styles. Mohr's (2016) was particularly unique in that it utilized daily diary methods to examine concurrent links between specific instances of discrimination and well-being as the experiences occurred. This design allowed discrimination experiences to be examined when the attachment system was still activated. The results provided interesting insight into the effect insecure attachment can have on LGB individuals' ability to manage discrimination and stigma. Avoidantly attached LGB individuals reported increased feelings of anger and fear on days they experienced heterosexism. By contrast, anxiously attached LGB individuals' feelings of anger and fear did not increase on days they experienced heterosexism. Mohr's (2016) findings are consistent with literature that has shown how debilitating attachment avoidance, in particular, can be for individuals experiencing discrimination (Berant, Mikulincer, & Shaver, 2008; Mikulincer, Dolev, & Shaver, 2004; Mikulincer, Horesh, Eilati, & Kotler, 1999). These findings support previous research on the coping strategies of both avoidantly and anxiously attached individuals, which have shown that the deactivating and distancing strategies of avoidant attachment, in particular, are most harmful in times when individuals need to seek help and support from others (Mikulincer, Dolev, & Shaver, 2004). The chronic hyperactivating strategies of anxiously attached individuals, on the other hand, cause distress across a variety of situations. Thus, Mohr's (2016) findings suggested that anxiously attached LGB individuals' experiences of heterosexism were, in essence, not particularly more activating than other forms of distress. However, although anxiously attached LGB individuals did not report increases in anger and fear when faced with discrimination, they were more likely to perceive discrimination, most likely due to sensitivity to others' rejection (Zakalik & Wei, 2006).

Attachment and parenting. As demonstrated above, differences in attachment style have important implications for attitudes about parenting and parental behavior, ultimately affecting parents' attitudes about their LGB children. Generally speaking, the literature has shown that attachment styles measured in the context of adult romantic relationships directly apply to parent-child relationships, which is suggestive of similar internal working models across multiple relationship domains (Edelstein et al., 2004; Shaver & Mikulincer, 2009). For example, in their study observing parents' responsiveness to their children during an inoculation, Edelstein et al. (2004) found that parents who had reported difficulty being depended upon with romantic partners were observed to exhibit the same behaviors with their children. Overall, parental attachment insecurity has been linked to less responsive and supportive parental behavior (Berlin et al., 2011; Edelstein et al., 2004; Mills-Koonce et al., 2011; Rholes, Simpson, & Blakely, 1995; Selcuk et al., 2010), less caring and acceptance (Feeney, 2002; Kilmann, Vendemia, Parnell, & Urbaniak, 2009), less competence in teaching their children (Rholes et al., 1995), greater conflict and hostility in parent-child interactions (Feeney, 2006; Scher & Dror, 2003; Selcuk et al., 2010), and a general pattern of missing children's emotional and physical cues (Selcuk et al., 2010). On self-report measures, parents with insecure attachment styles have also endorsed more authoritarian behaviors with their children (Millings, Walsh, Hepper, & O'Brien, 2013). Such findings have further solidified theories suggesting insecurely attached parents may have difficulty in serving as a secure base for their children, thus rendering their children unlikely to rely on them in times of need and more likely to develop negative perceptions of their parents (Jones & Cassidy, 2014). This cycle is also demonstrative of the transgenerational quality of attachment styles, particularly in the presence of distress and trauma (Özcan, Boyacıoğlu, Enginkaya, Bilgin, & Tomruk, 2016).

Similarly, parental attachment styles have also been shown to affect perceptions and beliefs about parenting future children. For example, insecurely attached individuals often hold beliefs that they will have negative experiences with children, will be incompetent or inadequate parents, or will be unable to connect with their children (Rholes, Simpson, Blakely, Lanigan, & Allen, 1997). By contrast, securely attached individuals report confidence in their ability to parent and overall more positive attitudes toward interacting with children (Raiffe & Murphy, 2016).

Research on attachment styles as they relate to parenting behavior, have established links with avoidant attachment, but have failed to find consistent connections with anxiously attached parents (Jones and Cassidy, 2010). Jones et al. (2015) hypothesized that parents with anxious attachment styles may be preoccupied with other relationships in their lives or reluctant to create conflict with their children for fear of abandonment or sensitivity to rejection, thus creating their own patterns of anxiety-ridden parent-child dynamics. For example, in their study examining links between parents' attachment styles and knowledge about their adolescent children, Jones et al. (2015) found that both mothers' and fathers' attachment anxiety was negatively related to their own perceptions of what they knew about their children. While this does not reflect direct evidence of links between attachment anxiety in parents and negative parenting behaviors, it does shed light on the feelings at play for anxiously attached parents in the dynamics with their children. In other words, just as research has shown that anxiously attached individuals might worry about the levels of intimacy in their relationships (e.g., Mikulincer & Shaver, 2007), anxiously attached parents may worry about the levels of closeness with their children, including perceptions of knowledge about their children's lives and activities (Jones et al., 2015).

Avoidantly attached parents are generally uncomfortable with being depended upon and thus are unable to provide psychological or physical closeness in their relationships with their children, particularly in times of distress (Collins, Guichard, Ford, & Feeney, 2006; Jones et al., 2015). For example, Selcuk et al. (2010) examined mother-child interactions within their homes for three hours. Afterwards, the mothers completed measures of attachment style and child temperament. Attachment-related avoidance, but not attachment-related anxiety, was found to be negatively associated with global maternal sensitivity, after controlling for the child's temperament. Similarly, Rholes et al. (1995) found negative correlations between their sample of avoidantly attached mothers and their perceptions of closeness with their children. Jones et al.'s (2015) study on links between parental attachment styles and knowledge about their adolescents also yielded telling results for avoidantly attached parents. Jones et al. (2015) found that mothers' attachment avoidance was negatively associated with their children's reports of their parents' knowledge about their lives, but not their perceptions of their own knowledge about their children. In other words, avoidantly attached parents may unconsciously signal to their children, even subtly, cues that they prefer not to know about the details of their daily lives. Jones et al. (2015) posit these results may corroborate previous research on behaviors of avoidantly attached individuals (e.g., Mikulincer & Shaver, 2007), which demonstrate a preference for emotional distance in their relationships. Consequently, parents with avoidant attachment styles, in signaling to their children that they are disinterested or prefer not to know about the details of their lives, may prompt their children to withhold such details. Furthermore, such distancing strategies may generate the type of relationship in which avoidantly attached parents simply have less interaction with their children (Jones et al., 2015).

It is also important to note how attachment style interacts with other variables in predicting parents' behaviors with their children, and may rely heavily on context (Milligan, Atkinson, Trehub, Benoit, & Poulton, 2003). For example, avoidantly attached mothers of avoidant infants have been shown to engage actively in play while their infants were content, but withdrew their attentiveness upon any expression of negative affect by their infants (Grossmann, Grossmann, & Schwan, 1986). Along those same lines, past research on attachment styles and parenting behaviors have also found interactions with both parent and child characteristics, such as psychological distress and maternal supportiveness (Mills-Koonce et al., 2011; Rholes et al., 1995). For example, Mills-Koonce et al. (2011) found that a significant avoidant attachment style in mothers interacted with maternal psychological distress, ultimately predicting less sensitive maternal behavior in their sample. Similarly, in their sample of mothers and their children, Rholes et al. (1995) found that mothers' avoidance in their behavioral interactions with their children predicted less maternal supportiveness and feelings of distance with their children. Anxiously attached mothers also endorsed feeling less closeness to their children, however, Rholes et al. (1995) found this was dependent upon mothers' marital quality. This finding in particular speaks to the influence stressors may have on activation of the attachment system at a particular point in time in one's life, particularly for anxiously attached parents.

Attachment and parents of LGB individuals. Parental attachment styles present their own challenges in the context of having LGB children. Significant life transitions and relational events, such as getting married or having a child, have been shown to influence internal working models of attachment. Unique to LGB individuals, coming out to parents has also been identified as a significant life transition in the attachment literature (Egeland & Farber, 1984; Hamilton, 2000; Weinfield, Sroufe, & Egeland, 2000). Research has shown that over half of

parental reactions to their child or adolescent's coming out carry varying degrees of hostility, with more significant negative reactions including rejection and, in some cases, verbal or physical abuse (D'Augelli, Grossman, & Starks, 2005; Heatherington & Lavner, 2008; Savin-Williams, 2001). Some parents may even refuse to permit the adolescent to remain in their household, which has contributed to homelessness among LGB youth (Rosario, Schrimshaw, & Hunter, 2012). These negative reactions become increasingly problematic when maintained over an extended period of time, as this maintenance has the potential to alter the fundamental attachment relationship. This effect can be psychologically devastating for LGB individuals and LGB youth in particular (D'Augelli, Grossman, & Starks, 2005; Ryan, Huebner, Diaz, & Sanchez, 2009). For example, D'Augelli et al. (2005) examined 293 LGB youth seeking to differentiate those whose parents knew of their sexual orientation from those whose parents did not know. Interestingly, they found that parents who held some sort of awareness about their child's LGB status prior to their child's coming out showed more verbal victimization of their children than those parents without awareness. D'Augelli et al. (2005) posited that such parents may make more anti-gay comments to their LGB children as a way to force their child's disclosure or confirm/dispute their suspicions. Such findings indicate that even parents who hold some sort of awareness about the sexual minority status of their children may be just as likely to create a hostile environment for their LGB children, thus potentially altering the attachment relationship before their child even comes out.

On the contrary, empirical evidence (e.g., Ryan, Russell, Huebner, Diaz, & Sanchez, 2010) indicates that parents who adopt a positive and supportive stance during their child/adolescent's coming out process preserve or strengthen the attachment relationship. Such a supportive stance and thus healthy attachment has been shown to be predictive of LGB

individuals' likelihood of coming out to their parents (Carnelley, Hepper, & Hicks, 2011). A healthy attachment relationship and, in turn, coming out, serves to promote positive self-esteem and perceived social support while buffering against psychological distress and the development of mental health problems in LGB individuals (Needham & Austin, 2010; Poteat, Mereish, DiGiovanni, & Koenig, 2011; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Parents' ability to foster healthy attachment with their LGB children also ultimately impacts their child's romantic attachment style, which has implications for the quality of their future romantic relationships (Elizur & Mintzer, 2003).

Given the significance of LGB children's healthy attachment to their parents, it is important to identify ways to facilitate healthy attachment in LGB families. Diamond et al. (2012) adapted an attachment-based family therapy for use with suicidal LGB adolescents. Using an experimental design, they found that adolescents who fully completed the treatment protocol exhibited a significant decrease in both attachment-related anxiety and attachment-related avoidance. Though results were preliminary, they provide hope that attachment-related family therapy has the potential to alter internal working models of attachment for LGB youth, ultimately reducing risk factors such as psychopathology and suicidality (Diamond et al., 2012). Diamond et al. (2012) also found a reduction in suicidality in LGB adolescents. Diamond et al. (2012) theorized that attachment-based family therapy was effective in large part due to its active involvement of parents in treatment. Specifically, attachment-based family therapy with these LGB adolescents targeted their parents' thoughts and behaviors, such as parental criticism of their sexual orientation or changes in their caring behaviors. This directly addressed the parent-child relationship and thus led to a decrease in both attachment anxiety and avoidance for LGB adolescents. Diamond et al. (2012) acknowledged that such mechanisms must be further

explored in future research; however, the study pointed to the potential for parental involvement and attachment-based interventions in reducing both LGB and parents' of LGB distress.

The amelioration of insecure attachment may be especially important in times of stress, for not only LGB individuals but also for their parents. If indeed the coming out process activates the attachment system for LGB individuals, parents of LGB individuals may also experience a significant activation of this system, particularly in managing this stigmatized identity. Activation of this attachment system is further exacerbated by discrimination and prejudice that is ongoing (Simpson, Rholes, & Nelligan, 1992). For example, in a study examining parents of LGB individuals' concerns utilizing an attachment-based perspective, Desnoyers (2014) found a significant positive correlation between attachment anxiety and parental concerns about having LGB children. Desnoyers (2014) also found that parents of LGB individuals who experience higher levels of attachment anxiety are more likely to experience distress, anticipate rejection, and doubt their own abilities to face difficult situations.

As previously noted, parents may also feel guilt and or/shame about their role in causing their child's LGB orientation, as well as fear others will also blame them. In this sense, a parent with pre-existing attachment insecurity may be further vulnerable to such experiences of stigma. In working through these experiences of stigma and the relationships with their sons/daughters, parents may be confronted with powerful emotions that will require them to examine their attachment system. This has the potential to provide meaningful opportunities to explore, develop insight and awareness, and potentially enact behavioral changes that will facilitate reparative attachment styles (Desnoyers, 2014).

Stigma

Stigma is generally defined as a deviant personal quality or condition that diminishes a stigmatized individual's worth and social status (Dovidio, Major, & Crocker, 2000; Goffman, 1963; Link & Phelan, 2001). Several major conceptualizations in the past half-century have shaped society's understanding of stigma throughout the social science literature. Beginning with Goffman's work in 1963, stigma was conceptualized as the global devaluation of an individual or group of individuals possessing a "deeply discrediting attribute" (p. 3). Goffman (1963) proposed that stigma arises during social interactions when an individual's social identity does not conform to society's normative expectations of that individual's identity. Goffman (1963) theorized that, for the stigmatized individual, a normal social identity is ultimately spoiled and he or she is perceived as incapable of fulfilling the assigned role requirements for normal social interaction. Similar to Goffman's (1963) conceptualization, Elliott, Ziegler, Altman, and Scott (1982) and Jones et al. (1984) described stigma as a mark of deviance on an individual. In essence, societies then respond to stigmatized individuals on the basis of this mark, often at the expense of other elements of their identities and individuality. This mark of stigma labels stigmatized individuals as somehow illegitimate, and thus disqualified from the protection warranted by social norms (Crocker, Major, & Steele, 1998; Elliott et al., 1982). Furthermore, Crocker, Major, and Steele (1998) expanded this conceptualization of stigma to include membership in a group or category that is negatively valued in a particular context.

Particularly relevant to LGB identity, which is a stigmatized identity that is sometimes perceived as a conscious choice, Jones et al. (1984) discussed the perceived controllability of a stigmatized identity. This is defined as the perceived etiology of a stigmatizing attribute and the degree to which others perceive it to be altered or controlled (Jones et al., 1984). The extent to which society perceives a stigmatized attribute to be in one's control or capable of change has

been correlated with negative behaviors and attitudes towards these stigmatized individuals, in contrast to stigmatized individuals who are perceived as helpless victims (Crandall, 1994, 1995; Crandall & Biernat, 1990; Pullium, 1993). For example, Luchetta (1999) described how obese people are perceived to be at fault for their lack of discipline. Similarly, HIV positive individuals are often perceived to have made immoral decisions that caused their disease and ultimate stigmatization (Zeligman, Hagedorn, & Barden, 2017). At the same time, other data have shown that the perceived controllability of a stigmatized identity does not necessarily mediate society's reactions to stigmatized individuals (Kurzban & Leary, 2001). This conflicting data calls attention to the potential relevance of perceived controllability in specific contexts of stigma; however, the data also suggests that controllability is not always a factor in stigmatization (Kurzban & Leary, 2001).

The work of Goffman (1963), Jones et al. (1984), Elliott et al. (1982), and Crocker et al. (1998) represent some of the most prominent social psychological conceptualizations of stigma. Within the social psychological literature, there are two major conceptualizations of stigma: 1) stigma is a mark of devaluation and 2) stigma is socially constructed and is dependent upon context and relationship (Major & O'Brien, 2005). However, Parker and Aggleton (2003) noted that the literature has failed to properly attend to the perspective of the stigmatized individual within his or her social context. In other words, the literature has not given due attention to the role of societal forces, including historical, political, and economic forces, in the shaping of stigmatized identities (Corrigan, Markowitz, & Watson, 2004). For example, institutional and structural discrimination take place on multiple levels, such as the implementation of policies that reduce opportunities for particular groups of people (Yang et al., 2007). A conceptualization of stigma that focuses primarily on the interpersonal would fail to capture such discriminatory

policies and the significant influence of systemic forces on the perpetuation of stigmatization. To put this into perspective, Yang et al. (2007) presented the issue of mental health care policies in the United States as an example. Many U.S. policies that limit public mental health care are driven by arguments that increased mental health coverage would lead to higher healthcare costs. These policies, in turn, perpetuate the stigmatization of mental illness and mental health treatment via a systemic platform (Yang et al., 2007).

The literature on stigma has not only failed to consider systemic factors that influence stigma but more broadly, there has been a lack of consensus on the overall definition of stigma (Link & Phelan, 2006). This lack of consensus is rooted mainly in two reasons. First, scholars have applied the definition and concept of stigma to a large variation of contexts and circumstances, each of which is bound to lead investigators to many differences in conceptualization. Second, the study of stigma has been approached from an array of disciplines, including social psychology and sociology. Such variations in theory and approach have elicited inherent differences in how to conceptualize stigma (Link & Phelan, 2001). Similarly, Link and Phelan (2001) pointed out that much of the research conducted on stigmatized individuals is done so from the vantage point of individuals who do not belong to the stigmatized groups they are studying. While it is, of course, not necessary to identify with the subjects of one's research, Link and Phelan (2001) made a strong argument for how this has enabled a wealth of literature grounded in scientific theory rather than in the lived realities and experiences of stigmatized groups and individuals. Furthermore, individualistic definitions of stigma continue to perpetuate a line of thinking that stigma is a mark that exists within a person or a group, rather than focusing on the contributing groups and forces causing stigmatization (Link & Phelan, 2001). On the other hand, contemporary research on stigma has shifted the

focus to such issues as discrimination and social exclusion in conjunction with experiences of stigma (e.g., Douglas, Conlin, Duffy, & Allan, 2017; Scheepers & Ellemers, 2005), thus providing different implications for where the problem exists and how to address it.

Stigma consciousness. Within the individual, the extent to which one expects to be stigmatized or discriminated against due to what one perceives to be stereotypical characteristics of his or her stigmatized identity is referred to as stigma consciousness (Pinel, 1999). The literature has shown that individuals' perceptions of the probability of being stereotyped are a key factor in stigma consciousness (Bosson, Haymovitz, & Pinel, 2004; Pinel, 1999). For sexual minority adults in particular, the literature has shown a strong negative correlation between stigma consciousness and subjective mental health (Figueroa & Zoccola, 2015; Lewis, Derlega, Clarke, & Kuang, 2006; Lewis, Derlega, Griffin, Krowinski, 2003). For example, Lewis et al. (2003) found a relationship between reported levels of stigma consciousness and depressive symptoms in their sample of lesbians and gay men. Similarly, in their sample of gay men, Bosson, Haymovitz, and Pinel (2004) found an increase in nonverbal anxiety behaviors, such as nail biting and nervous smiling, when reminding their sample of negative stereotypes associated with gay identity. Such studies have displayed a clear relationship between stigma consciousness and poorer mental health in LGB individuals, including depression, anxiety, and somatization (Figueroa & Zoccola, 2015). Furthermore, stigma consciousness has been found to negatively impact the quality of intimate relationships (Mohr & Fassinger, 2006), suggesting stigma consciousness may also affect attachment-related behaviors at the romantic and interpersonal level.

In his development of the LGB Affiliate Stigma Measure (LGB-ASM), Robinson (2014) included stigma consciousness as a key aspect of the vicarious stigma experienced by parents of

LGB individuals. Robinson (2014) posited that affiliates of LGB individuals must be aware of the stigma their LGB family or friend is experiencing in order to experience vicarious stigma, and thus must possess varying degrees of their own stigma consciousness. Specific to parents of LGB individuals, their vicarious stigma has included concerns that their LGB child would be treated differently or discriminated against in society (LaSala, 2010), including general psychological, physical, and social concerns for their LGB child (Conley, 2011). It could be inferred that the stigma consciousness for LGB parents themselves might include similar concerns and fears of their own stigmatization as extended members of the LGB community (i.e., parents of LGB individuals).

LGB stigma. There are unique challenges in managing the stigma of an LGB identity. Despite positively shifting heterosexual and societal attitudes towards sexual minorities in the United States, LGB individuals continue to experience significant hostility, discrimination, and stigmatization (Herek, 2009; Rostosky, Riggle, Horne, & Miller, 2009). Even in his earliest conceptualizations of stigma, Goffman (1963) describes the unique painful experience of learning about a particular stigma, only to find oneself having to bear this stigmatized identity in one's future. This is a burden often unique to LGB individuals and consequently, their parents. By the time LGB individuals realize they are a sexual minority, and parents of LGB individuals realize they in many ways share this stigmatized identity as affiliates, they have already lived in a world of heteronormativity, homophobia, discrimination, and stigmatization of sexual minorities (LaSala, 2006; Meyer & Dean, 1998). Furthermore, heterosexual parents of LGB individuals have already foreclosed on their sexual identities, thus never preparing or never suspecting to embody this stigmatized identity. As previously noted, there is a wealth of negative psychological, physiological, and social consequences due to the identification as a

sexual minority. Specific to LGB stigmatization, however, is the psychological incongruence of coming to learn one bears an LGB identity after having already lived without this subjugated identity for a period of one's life, in conjunction with the discriminatory messages towards LGB individuals one has already received. This has been shown to lead to a devalued self-image, thus resulting in such problems as negative mental health outcomes and issues with the maintenance of intimacy and long-term relationships (Coffman & Green, 2000; Greenan & Tunnell, 2003; Meyer, 2003). Overall, LGB individuals report more frequent experiences of discrimination and stigmatization than heterosexuals, including systemically from such environments as school and work (Mays & Cochran, 2001). They are more likely to experience hostility and rejection at a societal and familial level (Herek, 2009; Savin-Williams, 2005), and be limited in the resources or services they receive (Mays & Cochran, 2001).

LGB affiliate stigma and parents. LGB stigma has been shown to be experienced by family and friends of LGB individuals (Robinson, 2014), despite not directly carrying an LGB identity themselves. Goffman (1963) was the first to identify that stigma may spread or transfer to individuals affiliated with a stigmatized person, whether voluntarily (i.e., friends) or involuntarily (i.e., family), and termed this courtesy stigma. Robinson (2014) expanded upon previous literature on courtesy and affiliate stigma (e.g., Sigelman, Howell, Cornell, Cutright, & Dewey, 1991) to include affiliates of LGB individuals. In his development of the LGB Affiliate Stigma Measure (LGB-ASM), Robinson (2014) concluded that LGB affiliate stigma is comprised of three subsets of stigma: public discrimination/rejection affiliate stigma, vicarious affiliate stigma, and public shame affiliate stigma. Public discrimination/rejection affiliate stigma refers to experiences most often specific to external forces, such as community, religious organization, other family, or generally systemic and political forces of discrimination and

stigmatization. Vicarious stigma refers to the suffering experienced by family members of the stigmatized individual/group when they observe the impact of discrimination on their relative (Corrigan & Miller, 2004). This requires parents of LGB individuals to possess insight into the prejudice and discrimination experienced by their LGB children (Robinson, 2014). Robinson (2014) had initially conceptualized public affiliate stigma as encompassing both discrimination/rejection and shame, however, found support for a two-dimensional model. Public shame affiliate stigma was created to capture internal experiences of LGB affiliate stigmatization, including negative feelings such as shame and guilt.

In previous literature examining the construct of courtesy and affiliate stigma experienced specifically by parents, shame and guilt were studied in relation to ailments that had clear biological or genetic components, such as mental illness or developmental disorders (Corrigan & Miller, 2004). While there is still conflicting evidence and theory for what causes one's sexual orientation, the notion that dysfunctional parenting (e.g., Bieber, et al., 1962; Thompson, Schwarz, McCandless, & Edwards, 1973) is to blame for an individual's sexuality has long been abolished. However, the remnants of this stigmatizing history continue to haunt modern societal thinking, particularly for parents of LGB individuals. Sadly, many parents of LGB individuals still believe they are to blame for their child's sexual minority status, and furthermore, fear others will also blame them (Herdt & Koff, 2000; Savin-Williams, 2001). Consequently, parents of LGB individuals may experience feelings of shame and/or guilt that they have somehow contributed to their child's stigmatizing characteristics (Corrigan & Miller, 2004; Robinson, 2014;). The literature has shown that such beliefs and feelings contribute to hostility and adverse parental reactions to their LGB child's coming out (Herdt & Koff, 2000; Savin-Williams, 2001), thus leaving many LGB individuals without crucial familial support

needed to buffer the distress associated with a sexual minority identity (LaSala, 2006).

Furthermore, fearing blame from others, parents of LGB individuals' stigmatizing experiences may mirror those of their LGB children (LaSala, 2010).

Despite the persistence of adverse parental reactions to finding out their child is LGB, some research has shown parents become more accepting, or in the very least, tolerant, as time progresses (Beals & Peplau, 2006; Diamond & Shpigel, 2014; Savin-Williams & Ream, 2003). For example, an online survey with a sample of sexual minority adolescents reported that approximately 40% of parents who initially rejected their LGB children grew more accepting, on average, a year and a half post their child's coming out (Samarova, Shilo & Diamond, 2013). Furthermore, Samarova, Shilo, and Diamond (2013) found that this acceptance was facilitated by maintenance of the parent-child relationship, including parents' willingness to hear their children's stories, exposure to LGB individuals and culture (Heatherington & Lavner, 2008), participation in affirmative support groups such as PFLAG, LGB-affirmative psychotherapists, and the overall process of witnessing the relief and happiness of their LGB children as a result of coming out (Ben-Ari, 1995). Such findings further highlight the relevance of attachment-related underpinnings in addressing stigma experienced by parents of LGB individuals, both for the parent-child relationship and for the parents themselves. These findings also present evidence that the length of time since their LGB child's coming out may affect parents' levels of distress, which would affect activation of their attachment systems, thus potentially altering their levels of LGB affiliate stigma over time.

Attachment and Stigma

Given the influence of attachment style on individuals' working models of self and others, as well as its influence on emotional regulation, it is plausible that varying attachment

styles manage the stress of stigma differently. Indeed, the literature has demonstrated affective responses to stress differ based upon attachment styles (Riggs, Vosvick, & Stallings, 2007; Mikulincer & Florian, 1998). Findings in the literature have shown that insecure attachment styles are correlated with depression and anxiety (Bifulco, Moran, Ball, & Lillie, 2002; Carnelley, Peitromonaco, & Jaffe, 1994; Cooley, Van Buren, & Cole, 2010; Rholes & Simpson, 2004). Specifically, depression and anxiety symptoms have been shown to be most evident in anxiously attached adults (Mikulincer & Shaver, 2007). Similarly, in their study of attachment style and HIV-related stigma, Riggs, Vosvick, and Stallings (2007) found that securely attached adults reported significantly less stress and depression than groups of insecurely attached adults.

Differences in emotional regulation and affective responses have important implications for coping strategies and help-seeking behaviors, and thus one's experience of stigma. Insecurely attached individuals are more likely to utilize maladaptive behaviors when coping with significant life stressors, such as inflated defensiveness (Riggs, Vosvick, & Stallings, 2007) and resistance to social support (Shallcross, Frazier, & Anders, 2014). The hyperactivating nature of anxiously attached individuals has been shown to increase distress through such strategies as excessive attempts to seek care and inflated emotional responses (Ciechanowski, Sullivan, Jensen, Romano, & Summers, 2003). Avoidantly attached individuals, on the other hand, are more likely to utilize deactivating coping strategies such as suppression of negative affect and decreased help-seeking behaviors (Mikulincer & Florian, 1995). Furthermore, avoidant attachment styles have been found to serve as mediators for self-stigma and anxiety about seeking psychological care (Nam & Lee, 2015), whereas both avoidant and anxious attachment styles have been connected to a tendency to stigmatize psychological disorders (Vogel, Shechtman, & Wade, 2010) and poorer treatment responses to chronic illness (Chessler,

2000; Ciechanowski et al., 2003; Schmidt, Nachtigall, Wuethrich-Martone, & Strauss, 2002; Turner-Cobb, Gore-Felton, Maroud, Koopman, Kim, Israelski, & Spiegel, 2002).

Previous researchers have also found an inverse relationship between anxiously attached individuals and well-being, and a positive correlation between anxious attachment and psychopathology, including: depression, anxiety, eating disorders, substance abuse, and personality disorders (Mikulincer & Shaver, 2007). Similarly, in a study examining adult attachment, mental health concerns, and self-stigma in predicting intentions to seek counseling with a college student sample, Cheng, McDermott, and Lopez (2015) found that attachment anxiety, but not attachment avoidance, directly and positively predicted intentions to seek counseling in their sample. However, Cheng et al. (2015) also found that attachment anxiety was indirectly and negatively linked to help-seeking intentions through self-stigma. In other words, higher levels of attachment anxiety, or the combination of attachment anxiety and mental health concerns, predicted greater levels of self-stigma, which in turn predicted weaker intentions to seek counseling. Findings shed light on the role self-stigma could play in inhibiting help-seeking behaviors for anxiously attached individuals. Even with the initial propensity to seek help in times of distress, ultimately, the self-stigma experienced by anxiously attached individuals could leave them in the same isolated position as their avoidantly attached counterparts (Cheng et. al., 2015).

Contrary to anxiously attached individuals' tendency to seek help when experiencing distress, the literature has shown that avoidantly attached individuals tend to downplay their distress on self-report measures and that avoidant attachment patterns are associated with their own problems with affect and behavior (Mikulincer & Shaver, 2007). Such patterns include self-criticism and punishment (Zuroff & Fitzpatrick, 1995), substance abuse (Brennan & Shaver,

1995), somatic complaints (Kidd & Sheffield, 2005), and schizoid and avoidant personality disorders (Levy, Meehan, Weber, Reynoso, & Clarkin, 2005). While measures of global distress have found inconsistent results for avoidantly attached individuals, more acutely stressful experiences have clearly delineated poorer long-term ability to manage distress in avoidantly attached individuals (Berant, Mikulincer, & Florian, 2001).

Despite the significant amount of literature demonstrating how debilitating the experiences of stigma can be to insecurely attached individuals, it is important to acknowledge some mixed findings in regard to avoidant versus anxious attachment styles. Avoidantly attached individuals' strategies of distancing and emotional withdrawal are particularly debilitating when managing discrimination and stigma due to the effects these strategies have on help-seeking behaviors (Mikulincer, Dolev, & Shaver, 2004; Mohr, 2016). Mikulincer et al. (2004) described these behaviors as the "hidden vulnerabilities of avoidant individuals" (p. 940). As previously noted, anxious attachment coping strategies also do not lend themselves to healthy patterns of behavior and management of distress. However, because anxious attachment is characterized by a chronic activation of the attachment system with hyperactivating strategies, anxiously attached individuals' baseline may already be at a place of distress. Therefore, they may be less likely to report affective changes, such as anger and fear, in response to stigma (Mohr, 2016). Indeed, anxiously attached individuals have been shown to respond more favorably to everyday conflict, perhaps due to the sense of connection even a negative interaction has potential to create (Pietromonaco & Barrett, 1997). On the contrary, anxiously attached individuals' sensitivity to rejection and discrimination may ultimately lead them to the same negative outcomes as avoidantly attached individuals (Zakalik & Wei, 2006).

Overall, insecurely-attached individuals' maladaptive coping mechanisms, stunted affective regulation, and poorer long-term outcomes present evidence for a greater emotional, psychological, and physiological vulnerability to the deleterious effects of stigma, and have in fact been shown to be predictive of stigma tendencies (Gencoglu, Topkaya, Sahin, & Kaya, 2016; Riggs, Vosvick, & Stallings, 2007). More specifically, stigma tendencies of discrimination and exclusion were found to be lower for securely attached individuals (Gencoglu, Topkaya, Sahin, & Kaya, 2016). On the contrary, stigma tendencies of exclusion, prejudgment, poor psychological health, discrimination, and labeling were found to be higher for insecurely attached individuals (Gencoglu, Topkaya, Sahin, & Kaya, 2016). Similarly, Simpson and Rholes (2016) found support for an Attachment Diathesis-Stress Process Model. In short, this model replicates much of Gencoglu et al. (2016) and previous literature that demonstrates that distress undoubtedly activates the attachment system and thus can be reflective of how differing attachment styles manage the effects of stigma. However, Simpson and Rholes (2016) also found evidence that involvement in committed relationships may serve as a buffer for insecurely attached individuals and decrease activation of maladaptive coping mechanisms related to attachment anxiety or avoidance. Such a buffer, however, is highly dependent upon these long-term commitments meeting partners' specific attachment needs and may differ depending upon the intensity and duration of the stressor (Simpson & Rholes, 2016).

On the contrary, managing the effects of stigma present more promising outcomes for securely attached individuals. The literature has found that securely attached individuals are more likely to utilize healthy and effective coping behaviors, including openness to help-seeking and appropriate levels of vulnerability and self-disclosure (Lopez, Melendez, Sauer, Berger, & Wyssman, 1998; Mikulincer & Nachshon, 1991; Riggs, Jacobvitz, & Hazen, 2002). In the realm

of social relationships, securely attached individuals have also been shown to manage negative affect more effectively with healthier coping behaviors (Kobak & Sceery, 1988; Shaver & Mikulincer, 2007). Overall, possessing reliable access to a working model of healthy and secure attachment serves as a buffer for psychological distress, resulting in securely attached individuals reporting increased positive affect, emotional stability, and appraisal of life's problems as manageable (Berant, Mikulincer, & Florian, 2001; Shaver & Mikulincer, 2009), and thus less vulnerable to the effects of stigma.

Summary

This review has attempted to delineate a complex relationship between attachment theory and LGB affiliate stigma, and how these experiences possess unique factors and challenges for LGB individuals and their parents. Successful attachments continuously reaffirm one's sense of security and strengthen one's capacity for intimate bonds with attachment figures and relationship partners (Bowlby, 1969, 1973, 1980). Throughout one's lifetime, such security spurs the development of healthy self-esteem, self-efficacy, trust in others, and is essential to an individual's ability to regulate negative emotions (Shaver & Mikulincer, 2009). Therefore, attachment security plays a crucial role in resiliency and help-seeking behaviors in the face of distress, providing an ideal framework for which to examine the experiences of stigma (Lopez, Melendez, Sauer, Berger, & Wyssman, 1998; Mikulincer & Nachshon, 1991; Riggs, Jacobvitz, & Hazen, 2002).

Attachment style also carries important implications for how people perceive their ability to parent, how they feel about their current and future children, and managing the distress of a stigmatized LGB identity (Edelstein et al., 2004; Mills-Koonce et al., 2011). The psychological incongruence of coming to learn one bears an LGB identity after having already lived without

this subjugated identity for a period of one's life, in conjunction with the discriminatory messages towards LGB individuals one has already received, are experiences unique to both LGB individuals and their parents (LaSala, 2006). Reflective of the intensity of such stigmatization, parents of LGB individuals may feel shame and believe they are responsible for their child's sexual minority status. Furthermore, they may fear others will also blame them (Herdt & Koff, 2000; Savin-Williams, 2001). Consequently, parents of LGB individuals may experience feelings of shame and/or guilt that they have contributed to their child's stigmatizing characteristics (Robinson, 2014; Corrigan & Miller, 2004), further contributing to hostility and adverse parental reactions to their LGB child's coming out (Herdt & Koff, 2000; Savin-Williams, 2001), and overall painful experiences as the parent of an LGB child. On the other hand, the literature has delineated clear connections between attachment security and a positive view of one's LGB identity, with healthier coping mechanisms and self-esteem for securely attached individuals overall (Greenan & Tunnell, 2003; Meyer, 2003; Mikulincer & Nachshon, 1991; Riggs, Jacobvitz, & Hazen, 2002). This study hopes to build upon this existing literature to explore the experiences of LGB affiliate stigma specifically from the perspective of the parents of LGB individuals, utilizing an attachment theoretical framework.

CHAPTER 3

Methodology

Design

This study sought to measure the relationship between attachment styles and levels of LGB affiliate stigma among parents of LGB individuals. A cross-sectional research design using multiple regression analysis was utilized to explore the degree to which parents of LGB individuals' attachment styles are related to their levels of LGB affiliate stigma.

Participants

The participants were adult parents of LGB individuals, ages 18 and older. No other exclusion criteria were made based on age, gender, sexual orientation, race, or ethnicity. Participants were recruited using Facebook and other social media platforms for LGB communities, and by emailing group leaders on national online listservs of support groups for parents of LGB individuals. Solicitation materials were included in recruitment postings and emails, including informed consent, anonymity, time commitment required to participate, potential research benefits and risks associated with participation, and permission to withdraw participation from this study at any time.

Procedure

Data was collected anonymously via an online survey (Qualtrics) in order to protect the identity of all participants. Only the principal investigator has access to survey responses. Upon gaining access to the online survey, participants were first asked to review an electronic informed consent form prior to beginning the survey. If participants agreed to the terms of the informed consent form, they were then directed to the survey instruments. Participants were reminded that their participation is voluntary and that they may withdraw from the study at any

time without penalty. Upon completion of informed consent procedures, participants were presented with a demographic questionnaire developed by the researcher. Next, participants were directed to the Experiences in Close Relationships Inventory (ECR; Brennan, Clark, Shaver 1998), followed by the Lesbian, Gay, and Bisexual Affiliate Stigma Measure (LGB-ASM; Robinson & Brewster, 2016). After completion of both surveys, participants were thanked for their participation in the study. Participants were also provided with contact information for the principal investigator as well as the Seton Hall University IRB, in the event that they had additional questions or concerns.

Measures

Demographic questionnaire. This questionnaire was developed by the principal investigator of this study and asked participants about the following demographic information: Age (parent/child), sexual orientation (parent/child), gender (parent/child), race/ethnicity (parent), religion (parent), political affiliation (parent), relationship status (parent), and length of time since child's disclosure of sexual orientation to them or when they first knew their child was LGB. The questionnaire also inquired about parents' involvement in any support groups or affiliations for parents/family of LGB individuals (e.g., PFLAG), as well as what the parents perceived to be the cause of their child's sexual orientation (i.e., biological/genetic, environmental factors, mix of both, a personal choice, or other, with a text box provided). This question provided insight into parents' perceptions about the causal mechanisms associated with sexual orientation, which carries important implications for the experience of stigma.

Experiences in Close Relationships (ECR). The Experiences in Close Relationships Scale (ECR; Brennan, Clark, & Shaver, 1998) was used to assess participants' attachment styles. The ECR is a 36 item self-report measure consisting of two 18-item subscales assessing

attachment anxiety and attachment avoidance, in relation to general experiences in romantic relationships. The Anxiety subscale assesses the degree to which respondents fear that they will be rejected or abandoned by others (e.g., “I worry a fair amount about losing my partner”). The Avoidance subscale measures respondents’ degree of comfort with intimacy in close relationships (e.g., “I prefer not to show others how I feel deep down”). Respondents rate items using a 7-point Likert-type scale (1 = disagree strongly to 7 = agree strongly), with higher scores on either subscale indicating higher degrees of attachment anxiety and attachment avoidance. Subscales are scored by averaging item ratings (after reverse scoring as necessary); higher scores indicate higher levels of attachment insecurity. Both attachment styles, anxious attachment and avoidant attachment, exist on a continuum, such that higher scores on either subscale indicate higher levels of attachment anxiety or avoidance, respectively. Likewise, lower scores on either subscale indicated higher levels of attachment security (Brennan, Clark, & Shaver, 1998). This method of scoring was accounted for within the statistical model, and is consistent with previous research (Shaver & Mikulincer, 2009) measuring adult attachment styles using the ECR (e.g., Mohr, 2016; Wang, Schale, & Broz, 2010; Zakalik & Wei, 2006). The ECR yields impressive internal reliabilities of .91 and .94 for the Anxiety and Avoidance subscales, respectively, with a test-retest reliability of .70 over a three-week interval (Brennan et al., 1998). Studies utilizing the ECR with the LGB population have also reported strong internal reliability coefficient alphas (Mohr, 2016: .94 for Avoidance, .90 for Anxiety; Wang, Schale, & Broz, 2010: .93 for Avoidance, .92 for Anxiety; Zakalik & Wei, 2006: .90 for Avoidance, .94 for Anxiety), indicating the ECR is also a reliable measure in working with this population. While this study recruited parents of LGB individuals and not LGB individuals themselves, it aimed to tap into affiliate stigma associated with issues related to LGB identity.

Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM). The LGB-ASM (Robinson & Brewster, 2016) utilized qualitative research and feedback from experts in stigma to develop their 17-item, three subscale measure of LGB affiliate stigma. Utilizing data from 471 LGB affiliates (family members and close friends), the LGB-ASM resulted in a final three factor model reflecting experiences of LGB affiliate stigma including: (a) public discrimination/rejection affiliate stigma, (b) vicarious affiliate stigma, and (c) public shame affiliate stigma (Robinson & Brewster, 2016). Respondents are asked to rate the extent to which they agree or disagree with various statements within each subscale using a 7-point Likert-type scale (0 = Not Applicable to 6 = Strongly Agree). The public discrimination/rejection affiliate stigma subscale measures respondents' external experiences of stigma (e.g., "Work/school colleagues' attitudes towards me may turn sour if they find out my family member or close friend is LGB"). The vicarious affiliate stigma subscale measures respondents' concerns or feelings about the stigma their LGB affiliate might be experiencing (e.g., "I worry that my family member or close friend might receive negative attention for being LGB"). Lastly, the public shame affiliate stigma subscale measures respondents' internalized experiences of stigma (e.g., "I feel embarrassed that I have a family member or close friend who is LGB"). The language of each item was modified to reflect language specific to that of parents of LGB individuals (e.g., "I feel embarrassed that I have a son or daughter who is LGB"). The full-scale LGB-ASM yielded a 2-to 3-week test-retest reliability coefficient of .76; .76 for the public discrimination/rejection affiliate stigma subscale; .75 for the vicarious affiliate stigma subscale; and .74 for the public shame affiliate stigma subscale (Robinson & Brewster, 2016).

Power Analysis

The statistical power of a statistical analysis refers to the probability of correctly detecting an effect or rejecting the null hypothesis (Witte and Witte, 2007). Power analysis was conducted in order to determine the appropriate sample size for the present study, as well as to increase the likelihood that if there is an effect, the sample size would be adequate to capture it. G*Power (Faul, Erdfelder, Buchner, & Lang, 2009) was used to determine sample size with moderate statistical power and effect. On the basis of a power analysis with two predictors and one outcome for a simultaneous multiple regression, moderate power and effect, and an associated alpha of .05, the estimated minimum sample size was 68.

Research Questions

The following are the research questions addressed by the present study:

1. Is there a relationship between attachment and appraisals of LGB affiliate stigma among parents of LGB individuals?

1a. What is the relationship between anxious and avoidant attachment and LGB public discrimination/rejection affiliate stigma among parents of LGB individuals?

1b. What is the relationship between anxious and avoidant attachment and LGB vicarious affiliate stigma among parents of LGB individuals?

1c. What is the relationship between anxious and avoidant attachment and LGB public shame affiliate stigma among parents of LGB individuals?

Statement of Hypotheses

Hypothesis 1: Parents of LGB individuals who report higher levels of attachment insecurity will report higher levels of LGB affiliate stigma.

Hypothesis 1a: Parents of LGB individuals who report higher levels of attachment anxiety and/or avoidance will report higher levels of LGB public discrimination/rejection affiliate stigma.

Hypothesis 1b: Parents of LGB individuals who report higher levels of attachment anxiety and/or avoidance will report higher levels of LGB vicarious affiliate stigma.

Hypothesis 1c: Parents of LGB individuals who report higher levels of attachment anxiety and/or avoidance will report higher levels of LGB public shame affiliate stigma.

Analysis. All three hypotheses were tested using a multiple regression analysis. Attachment avoidance and anxiety were the predictor (independent) variables, and LGB public discrimination/rejection affiliate stigma, vicarious affiliate stigma, and public shame affiliate stigma were the criterion (dependent) variables, respectively.

CHAPTER 4

Results

The purpose of this study was to examine the relationship between parents of LGB individuals' attachment styles and their experiences of LGB affiliate stigma associated with having an LGB child. This study collected data from 87 self-identified parents of LGB individuals. Participants completed a brief demographic questionnaire and two surveys measuring their attachment styles and their levels of LGB affiliate stigma. While experiences of LGB stigma have been studied in relation to the attachment system, this relationship had never been examined from the perspective of the parent, through the lens of LGB affiliate stigma and attachment theory. This study posited that examination of parental attachment styles could offer valuable insight into parental experiences of LGB affiliate stigma, with clinical implications for work with both parents of LGB individuals and the LGB population at large. The following chapter will review the design of the study, procedure for data screening and descriptive statistics of the sample, as well as findings from each tested hypothesis.

Statement of Design

This study tested three hypotheses utilizing a simultaneous multiple regression analysis. The independent variables, (a) attachment avoidance and (b) attachment anxiety, were measured using the Experiences in Close Relationships Scale (ECR; Brennan, Clark, & Shaver, 1998). The dependent variables, (a) LGB public discrimination/rejection affiliate stigma, (b) LGB vicarious affiliate stigma, and (c) LGB public shame affiliate stigma, were measured using the LGB Affiliate Stigma Measure (ASM; Robinson & Brewster, 2016). Data was collected anonymously via an online survey (Qualtrics) in order to protect the identity of all participants.

Descriptive Statistics

Demographic data was collected from 87 participants who self-identified as parents of LGB individuals. Participants ranged in age from 34 to 78 years old ($M = 58.12$, $SD = 10.38$). Approximately 87% of the sample identified as female, 12% as male, and 1% as transgender female. About 93% identified as heterosexual, 1% as homosexual, 3% as bisexual, and 2% as uncertain/questioning of their sexual orientation. Approximately 94% of participants identified as Caucasian/White, with participants of color approximating 2% Hispanic/Latino/a, and 1% each for Asian American/Pacific Islander, Native American/Indigenous American, and other race/ethnicity, respectively. Approximately 46% of the sample identified their religious beliefs as Christian, 23% identified as “spiritual but not religious,” 9% Agnostic, 8% Jewish, 6% each for Atheist and “other religion/belief system,” and 2% Buddhist. Regarding political affiliation, 70% of the sample identified as Democrat/Liberal, 17% as Moderate, 10% as Independent, and 2% as Republican/Conservative.

Participants were also asked to report on demographic characteristics of their LGB children, as well as their affiliation (if any) with LGB ally groups. Approximately 59% percent of the sample reported they were parents to gay male sons, 23% parents to lesbian female daughters, 14% parents to bisexual female daughters, and 5% parents to bisexual male sons. Participants also reported the age of their LGB children when they came out, with a mean age of 18.46 years old. Similarly, participants were asked to report how long they have known, in years, about their LGB children’s sexual orientation (regardless of the age their children officially came out). Parents in the sample reported knowing of their LGB children’s sexual orientation for a mean of approximately 10 years. Ninety eight percent of the sample reported they believed their children’s LGB sexual orientation to be due to biological/genetic causes; 1%

believed their children's sexual orientation was a personal choice, and 1% believed their children's sexual orientation was caused by something that happened to their children growing up/something environmental. Lastly, approximately 90% of the sample reported they were affiliated with LGB ally groups, while 10% reported they were not. Table 1 presents demographic data for the overall sample.

Table 1
Demographic Characteristics of the Sample (N = 87)

| | <i>M</i> | <i>f</i> | <i>%</i> |
|-------------------------------------|----------|----------|----------|
| Age | 58.12 | - | - |
| Gender | | | |
| Male | - | 10 | 11.5 |
| Female | - | 76 | 87.4 |
| Transgender Male | - | 1 | 1.1 |
| Sexual Orientation | | | |
| Heterosexual | - | 81 | 93.1 |
| Homosexual | - | 1 | 1.1 |
| Bisexual | - | 3 | 3.4 |
| Uncertain/Questioning | - | 2 | 2.3 |
| Race/Ethnicity | | | |
| Asian American/Pacific Islander | - | 1 | 1.1 |
| Native American/Indigenous American | - | 1 | 1.1 |
| Hispanic/Latino/a | - | 2 | 2.3 |
| Caucasian/White | - | 82 | 94.3 |
| Other race/ethnicity | - | 1 | 1.1 |
| Religion | | | |
| Buddhist | - | 2 | 2.3 |
| Christian | - | 40 | 46 |
| Jewish | - | 7 | 8 |
| Spiritual but not religious | - | 20 | 23 |
| Agnostic | - | 8 | 9.2 |
| Atheist | - | 5 | 5.7 |
| Other religion/belief system | - | 5 | 5.7 |
| Political Affiliation | | | |
| Democrat/Liberal | - | 61 | 70.1 |
| Republican/Conservative | - | 2 | 2.3 |
| Moderate | - | 15 | 17.2 |
| Independent | - | 9 | 10.3 |
| Child's Gender/Sexual Orientation | | | |

| | | | |
|--|-------|----|------|
| Gay Male | - | 51 | 58.6 |
| Lesbian Female | - | 20 | 23 |
| Bisexual Male | - | 4 | 4.6 |
| Bisexual Female | - | 12 | 13.8 |
| Age Child Came Out* | 18.46 | - | - |
| Years Known Child is LGB* | 10.2 | - | - |
| Perceived Cause of LGB Orientation | | | |
| A personal choice | - | 1 | 1.1 |
| Biological/Genetic | - | 85 | 97.7 |
| Consequence of something that happened growing up/environmental | - | 1 | 1.1 |
| Affiliated with LGB Ally Groups | | | |
| Yes | - | 78 | 89.7 |
| No | - | 9 | 10.3 |

Note. *Responses were missing from these items.

Preliminary Analyses

Preliminary analyses were conducted to ensure the data met all multivariate assumptions. Results determined that there were no significant outliers. Residual errors were within normal range and the data did not display multicollinearity.

Primary Study Variables

Descriptive statistics for the following primary variables of the study were obtained (see Table 2): levels of attachment anxiety and attachment avoidance (as measured by the ECR; Brennan, Clark, & Shaver, 1998), and levels of LGB public discrimination/rejection affiliate stigma, LGB vicarious affiliate stigma, and LGB public shame affiliate stigma (as measured by the LGB-ASM; Robinson & Brewster, 2016). These measures are briefly summarized below.

Participants' levels of attachment anxiety and/or attachment avoidance were measured using the 36-item, two subscale ECR (Brennan, Clark, & Shaver, 1998). Overall means for each subscale were calculated, with higher scores on either subscale indicating higher levels of attachment anxiety and attachment avoidance. Subscales were scored by averaging item ratings

(after reverse scoring as necessary); higher scores indicated higher levels of overall attachment insecurity. Both attachment styles, anxious attachment and avoidant attachment, exist on a continuum, such that higher scores on either subscale indicated higher levels of attachment anxiety or avoidance, respectively. Likewise, lower scores on either subscale indicated higher levels of attachment security (Brennan, Clark, & Shaver, 1998).

Participants' levels of LGB affiliate stigma were measured using the 17-item, three subscale LGB-ASM (Robinson & Brewster, 2016). Respondents were asked to rate the extent to which they agree or disagree with various statements within each subscale using a 7-point Likert-type scale (0 = Not Applicable to 6 = Strongly Agree). The public discrimination/rejection affiliate stigma subscale measured respondents' external experiences of stigma and included such items as, "Work/school colleagues' attitudes towards me may turn sour if they find out my son or daughter is LGB." The vicarious affiliate stigma subscale measured respondents' concerns or feelings about the stigma their LGB son or daughter might be experiencing and included such items as, "I worry that my son or daughter might receive negative attention for being LGB." Lastly, the public shame affiliate stigma subscale measured respondents' internalized experiences of stigma and included such items as, "I feel embarrassed that I have a son or daughter who is LGB" (Robinson & Brewster, 2016). Subscale items were scored and averaged, resulting in overall scores for public discrimination/rejection affiliate stigma, vicarious affiliate stigma, and public shame affiliate stigma. Higher scores reflected higher levels of stigma for each subscale.

Table 2
Descriptive Statistics for Primary Variables

| | <i>M</i> | <i>SD</i> |
|--|----------|-----------|
| Attachment Anxiety | 3.05 | .91 |
| Attachment Avoidance | 3.97 | .33 |
| LGB Public Discrimination/Rejection Affiliate Stigma | 3.22 | 1.10 |
| LGB Vicarious Affiliate Stigma | 5.32 | 1.12 |
| LGB Public Shame Shame Affiliate Stigma | 2.34 | .67 |

Hypothesis Testing

All regression analyses were evaluated on the basis of a Bonferroni adjusted p value of .017 (p adjusted to 3 analyses).

Hypothesis 1: Parents of LGB individuals who report higher levels of attachment insecurity will report higher levels of LGB affiliate stigma.

Hypothesis 1a: Parents of LGB individuals who report higher levels of attachment avoidance and anxiety will report higher levels of public discrimination/rejection affiliate stigma. Hypothesis 1a predicted that parents of LGB individuals who reported higher levels of attachment avoidance and attachment anxiety, as measured by the ECR (Brennan, Clark, & Shaver, 1998), would report higher levels of public discrimination/rejection affiliate stigma, as measured by the LGB-ASM (Robinson & Brewster, 2016). The multiple regression analysis revealed a statistically significant ANOVA model, $F(2, 86) = 4.610, p < .05$ and a small to moderate effect size, $R^2 = .10$, adjusted $R^2 = .08$. The results indicate that higher levels of anxious attachment significantly predicted higher levels of perceived public discrimination/rejection affiliate stigma ($\beta = .28, p = .01$). Avoidant attachment however, did not

emerge as a statistically significant predictor ($\beta = .12, p = .25$). These results are presented below in Table 3.

Table 3

Summary of Multiple Regression Analysis for Public Discrimination/Rejection Affiliate Stigma

| Predicting variables | <i>B</i> | <i>SE B</i> | β | <i>t</i> | <i>p</i> |
|----------------------|----------|-------------|---------|----------|----------|
| Overall model | .589 | 1.393 | | .423 | .013* |
| Attachment anxiety | .334 | .127 | .275 | 2.635 | .010* |
| Attachment avoidance | .405 | .349 | .121 | 1.162 | .248 |

Note. Adjusted $R^2 = .077$. * $p < .05$

Hypothesis 1b: Parents of LGB individuals who report higher levels of attachment avoidance and anxiety will report higher levels of vicarious affiliate stigma. Hypothesis 1b predicted that parents of LGB individuals who reported higher levels of attachment avoidance and anxiety would report higher levels of vicarious affiliate stigma. Simultaneous multiple regression analysis revealed that the overall ANOVA model was statistically significant, $F(2, 86) = 7.056, p = .001$ and produced a moderate effect size, $R^2 = .14$, adjusted $R^2 = .12$. Higher levels of anxious attachment significantly predicted vicarious affiliate stigma ($\beta = .34, p = .001$). There was no significant predictive relationship between avoidant attachment and vicarious affiliate stigma, ($\beta = .13, p = .19$). These results are presented below in Table 4.

Table 4

Summary of Multiple Regression Analysis for Vicarious Affiliate Stigma

| Predicting variables | <i>B</i> | <i>SE B</i> | β | <i>t</i> | <i>p</i> |
|----------------------|----------|-------------|---------|----------|----------|
| Overall model | 2.252 | 1.372 | | 1.642 | .001** |
| Attachment anxiety | .415 | .125 | .338 | 3.321 | .001** |
| Attachment avoidance | .453 | .343 | .134 | 1.319 | .191 |

Note. Adjusted $R^2 = .123$. ** $p < .01$

Hypothesis 1c: Parents of LGB individuals who report higher levels of attachment avoidance and anxiety will report higher levels of public shame affiliate stigma.

Hypothesis 1c tested the predictive relationship between attachment avoidance and anxiety and public shame affiliate stigma in parents of LGB individuals. The hypothesis was tested through a multiple regression analysis adjusted for multiple comparisons. The results of the analysis revealed a significant ANOVA model, $F(2, 86) = 5.398$, $p < .01$. The overall model had a small to moderate effect size, $R^2 = .11$, adjusted $R^2 = .09$. Prior to application of the Bonferroni adjusted p value, both avoidant and anxious attachment styles predicted perceived public shame affiliate stigma ($p < .05$). Such results would indicate that, according to the two dimensional model, higher levels of both anxious and avoidant attachment would predict higher levels of public shame affiliate stigma. With regard to Bartholomew and Horowitz's (1991) four-dimensional model, this would indicate that higher levels of a fearful avoidant attachment style would predict higher levels of public shame affiliate stigma. However, ultimately, the results did not meet statistical significance based on the Bonferroni adjusted p value criterion ($p < .017$). Therefore, anxious and avoidant attachment styles (anxious attachment $\beta = .23$, $p = .03$; avoidant attachment $\beta = .22$, $p = .04$) failed to statistically predict public shame affiliate stigma in the current study. These results are presented below in Table 5.

Table 5
Summary of Multiple Regression Analysis for Public Shame Affiliate Stigma

| Predicting variables | B | $SE B$ | β | t | p |
|----------------------|------|--------|---------|-------|-------|
| Overall model | .045 | .838 | | .053 | .006* |
| Attachment anxiety | .168 | .076 | .228 | 2.203 | .030 |
| Attachment avoidance | .448 | .210 | .221 | 2.138 | .035 |

Note. Adjusted $R^2 = .093$. * $p < .01$

Summary

Results of the statistical analyses provided partial support for the hypotheses of this study. Multiple regression analyses (evaluated on the basis of a Bonferroni adjusted p value of .017) indicated that hypothesis 1 was supported: overall, higher levels of insecure attachment predicted higher levels of LGB affiliate stigma among parents of LGB individuals. However, while higher levels of anxious attachment were found to be a significant predictor of two of the three domains of LGB affiliate stigma, levels of avoidant attachment did not emerge as a significant predictor of any of the three domains of LGB affiliate stigma. Predictions from hypotheses 1a, 1b, and 1c will be delineated below.

Firstly, hypothesis 1a predicted that parents of LGB individuals who reported higher levels of anxious and/or avoidant attachment would report higher levels of public discrimination/rejection affiliate stigma. This hypothesis was partially supported, as parents who reported higher levels of anxious attachment also reported higher levels of public discrimination/rejection affiliate stigma. However, higher levels of parents' avoidant attachment did not predict higher levels of public discrimination/rejection affiliate stigma.

Secondly, hypothesis 1b predicted that parents of LGB individuals who reported higher levels of anxious and/or avoidant attachment would report higher levels of vicarious affiliate stigma. Again, higher levels of anxious attachment emerged as a significant predictor of higher levels of vicarious affiliate stigma. However, higher levels of avoidant attachment again failed to predict higher levels of vicarious affiliate stigma.

Lastly, hypothesis 1c predicted that parents of LGB individuals who reported higher levels of anxious and/or avoidant attachment would report higher levels of public shame affiliate stigma. Though both avoidant and anxious attachment styles predicted perceived public shame

affiliate stigma ($p < .05$), the results did not meet statistical significance based on the Bonferroni adjusted p value criterion ($p < .017$), which was conducted on the basis of multiple analyses. Therefore, both anxious and avoidant attachment styles failed to statistically predict public shame affiliate stigma in the current study.

CHAPTER 5

Discussion

The purpose of this study was to examine the relationship between parents' attachment styles and their experiences of LGB affiliate stigma associated with having an LGB child. While experiences of LGB stigma have been studied in relation to the attachment system, this relationship had never been examined from the perspective of the parent, through the lens of LGB affiliate stigma and attachment theory. This study posited that examination of parental attachment styles could offer valuable insight into parental experiences of LGB affiliate stigma, with clinical implications for work with both parents of LGB individuals and the LGB population at large. The following chapter will examine and interpret the findings of the present study, including limitations, clinical implications, and suggestions for future research.

Interpretations of Findings

The primary question of this study asked if there is a relationship between attachment and appraisals of LGB affiliate stigma among parents of LGB individuals. While the relationship between attachment and affiliate stigma, specifically experienced by parents of LGB individuals, had never before been examined, previous literature has demonstrated that an individual's attachment style may influence the way he or she manages the distress of stigma (Riggs, Vosvick, & Stallings, 2007; Mikulincer & Florian, 1998). Insecure attachment styles in particular have been shown to correlate with depression and anxiety (Bifulco, Moran, Ball, &

Lillie, 2002; Carnelley, Peitromonaco, & Jaffe, 1994; Cooley, Van Buren, & Cole, 2010; Rholes & Simpson, 2004) and utilization of maladaptive behaviors when coping with significant life stressors, such as inflated defensiveness (Riggs, Vosvick, & Stallings, 2007) and resistance to social support (Shallcross, Frazier, & Anders, 2014). Overall, insecurely-attached individuals' maladaptive coping mechanisms, stunted affective regulation, and poorer long-term outcomes presented evidence for a greater emotional, psychological, and physiological vulnerability to the deleterious effects of stigma (Gencoglu, Topkaya, Sahin, & Kaya, 2016; Riggs, Vosvick, & Stallings, 2007). Similarly, LGB stigma specifically has been shown to be experienced by family and friends of LGB individuals (Robinson, 2014), despite not directly carrying an LGB identity themselves. Given these findings, it was hypothesized that higher levels of insecure attachment (anxious and avoidant) would predict higher levels of LGB affiliate stigma (public discrimination/rejection affiliate stigma, vicarious affiliate stigma, and public shame affiliate stigma) among parents of LGB individuals.

The results of a multiple regression analysis (evaluated on the basis of a Bonferroni adjusted p value of .017) indicated that this hypothesis was supported: overall, higher levels of insecure attachment predicted higher levels of LGB affiliate stigma among parents of LGB individuals. These findings also support previous literature that has identified insecurely attached individuals as more vulnerable to the deleterious effects of stigma (e.g., Gencoglu, Topkaya, Sahin, & Kaya, 2016; Riggs, Vosvick, & Stallings, 2007).

Of note, given the potential for multicollinearity in the current study, all regression analyses were evaluated on the basis of a Bonferroni adjusted p value of .017 (p adjusted to 3 analyses). The Bonferroni correction is a conservative one, as it is a confident means to ensure that the probability of observing a significant result due to chance remains low. This should be

kept in mind in the context of the following discussion. In particular, for hypothesis 1c, in which both avoidant and anxious attachment styles predicted perceived public shame affiliate stigma ($p < .05$) prior to the Bonferroni correction but did not meet statistical significance based on the Bonferroni adjusted p value criterion ($p < .017$).

The sub-questions of this study asked more specifically if there was a relationship between two dimensions of insecure attachment: anxious and avoidant, and the three domains of LGB affiliate stigma: public discrimination/rejection affiliate stigma, vicarious affiliate stigma, and public shame affiliate stigma. Given the aforementioned findings in the literature that demonstrated an overall greater vulnerability to stigma among both anxiously and avoidantly attached individuals (i.e., insecure attachment), this study hypothesized that higher levels of both anxious, avoidant, or a combination of the two (higher levels on both subscales of the ECR, i.e., fearful/avoidant attachment) attachment styles would all contribute to higher levels of LGB affiliate stigma across all three domains (H1: public discrimination/rejection affiliate stigma; H2: vicarious affiliate stigma; H3: public shame affiliate stigma). Multiple regression analyses partially supported these hypotheses. Higher levels of anxious attachment predicted higher levels of public discrimination/rejection and vicarious affiliate stigma, but failed to predict higher levels of public shame affiliate stigma. However, higher levels of avoidant attachment did not emerge as a significant predictor of any of the three domains of LGB affiliate stigma. Potential reasons for the failure of higher levels of avoidant attachment to in any way predict higher levels of LGB affiliate stigma, as well as the failure of higher levels of anxious attachment to specifically predict higher levels of public shame affiliate stigma, will be discussed below.

One of the reasons for the aforementioned findings may have to do with core differences in the way each attachment style manages distress. The hyperactivating nature of anxiously attached individuals has been shown to increase distress through such strategies as excessive attempts to seek care and inflated emotional responses (Ciechanowski, Sullivan, Jensen, Romano, & Summers, 2003), making anxiously attached individuals more readily able to not only admit to experiencing distress, but to actively seek help for this distress. In this way, it is possible that anxiously attached participants in this study were more likely to report on their experiences of LGB affiliate stigma, or to even inflate some of these experiences. Similarly, in recruiting participants for any attachment study, there may inherently exist a self-selection process in which anxiously attached individuals may be more likely to participate and to accurately report their distress. Ninety percent of parents in this study reported they were involved in some sort of LGB ally or support group, further supporting the notion that a bias for anxious attachment or in the least, participants exhibiting help-seeking behaviors, may have already existed in the sample.

Higher levels of anxious attachment failed to predict only one domain of LGB affiliate stigma: public shame affiliate stigma. An explanation for this may lie in the interaction between an anxious attachment style and the specific qualities of this type of LGB affiliate stigma. As previously mentioned, anxiously attached individuals have been shown to more readily exhibit help-seeking behaviors due to the inherently hyperactivating nature of their coping strategies (Ciechanowski, Sullivan, Jensen, Romano, & Summers, 2003). Contrary to the more external experiences of stigmatization characteristic of public discrimination/rejection and vicarious affiliate stigma, Robinson (2014) describes public shame affiliate stigma as the more internal processes and experiences of stigmatization. These include feelings of shame or guilt

experienced by parents as a result of having an LGB child. Robinson (2014) notes that such parents might benefit from referrals to psychotherapy to explore and process these feelings on deeper levels and to address the ways in which they have internalized this stigma (rather than more open and external expressions of these vulnerabilities, such as support groups). Given anxiously attached individuals' hyperactivating strategies in times of distress, experiences specific to that of more internalized stigma (i.e., public shame affiliate stigma) may not be as impactful for anxiously attached individuals. As previously mentioned, since anxiously attached individuals are theoretically much more likely to seek external support for their distress, the defensive withdraw or avoidance of help-seeking behaviors (characteristic of more avoidantly attached individuals) that often lead to more internalizing forms of distress (i.e., shame) may not be as relevant for anxiously attached individuals, perhaps accounting for anxious attachment failing to predict higher score of public shame affiliate stigma in the current study.

Contrary to anxiously attached individuals' tendency to seek help when experiencing distress, the literature has shown that avoidantly attached individuals tend to downplay their distress on self-report measures (Mikulincer & Shaver, 2007) and are more likely to utilize deactivating coping strategies such as suppression of negative affect and decreased help-seeking behaviors (Mikulincer & Florian, 1995). Furthermore, avoidant attachment styles have been found to serve as mediators for self-stigma and anxiety about seeking psychological care (Nam & Lee, 2015). Mikulincer et al. (2004) described these behaviors as the "hidden vulnerabilities of avoidant individuals" (p. 940), shedding light on the elusive quality of avoidantly attached individuals' displays (or lack thereof) distress. For these reasons, previous measures of global distress have found inconsistent results for avoidantly attached individuals, with only more acutely stressful experiences clearly highlighting poorer long-term ability to manage distress in

avoidantly attached individuals (Berant, Mikulincer, & Florian, 2001). In other words, avoidantly attached individuals are less likely to report distress unless this distress has reached acute and likely unmanageable levels—distress that is no longer able to be managed via such internal mechanisms as suppression or denial. It is possible that many of the participants in this study that reported higher levels of avoidant attachment were not experiencing levels of distress severe enough to lower these defenses and thus more honestly report experiences of LGB affiliate stigma. Another interpretation of this finding is that, put simply, the avoidantly attached individuals in this study were not conscious of or did not honestly feel they experience LGB affiliate stigma at significant levels, regardless of whether they “truly” experience this stigma or not.

Limitations

Results of this study must be interpreted with several limitations in mind. First, participants in this study likely do not represent the greater population of parents of LGB individuals. Just as with many studies recruiting LGB participants (e.g., Mohr, 2016), recruiting parents of LGB individuals through LGB-related or parent support group-related affiliations led to an overrepresentation of parents who may have more positive viewpoints of their children’s LGB identities or may have already confronted or worked through experiences of LGB affiliate stigma. Similarly, recruiting parents through such resources may have also led to an overrepresentation of participants who were more securely and anxiously attached, or in the very least, more amenable to intervention and a level of vulnerability and help-seeking behavior. Indeed, 90% of participants in this study reported affiliation with LGB organizations or support groups. Along those same lines, these recruitment methods may have led to an

underrepresentation of avoidantly attached participants, and thus a selection of participants who were theoretically less likely to report their distress and experiences of LGB affiliate stigma.

Limitations also exist in the representation of the sample regarding racial/ethnic demographics. Participants of color were severely underrepresented in this study, only accounting for 6% (94% White/Caucasian) of the overall sample. Recruitment strategies sought participants from online listservs of parent support groups across the entire United States, however, this study did not ask participants' geographic location in attempts to retain maximum anonymity. Unfortunately, this limited this study's ability to interpret or construct hypotheses as to if underrepresentation of people of color may have been related to geographic locations of the sample. Another potential reason that people of color were underrepresented in the sample may have to do with the complex effects of managing multiple minority stress and intersectionality of LGB and racial/ethnic identities. Literature has examined how carrying multiple minority identities may create conflicts in allegiances to identities, as well as the effects of multiple minority stressors on overall mental health and help-seeking behaviors. For example, Sarno, Mohr, Jackson, and Fassinger (2015) examined these conflicts in allegiances (CIA), defined as perceived incompatibility between one's racial/ethnic and sexual orientation identities, in relation to experiences of parental heterosexism, racism in LGB communities, outness, and racial/ethnic and sexual orientation group identity. In their sample of 124 LGB people of color and 124 LGB White people (comparison sample), they found that CIA was positively correlated with experiences of racism within LGB communities and perceived heterosexism in one's mother (but not one's father), and negatively correlated with outness to family. Furthermore, CIA levels were found to be highest among participants with high racial/ethnic behavioral engagement and low sexual orientation behavioral engagement. While Sarno, Mohr, Jackson,

and Fassinger's (2015) study sampled LGB people of color and not their parents, it provided important insights as to what racial/ethnic minority parents of LGB people may also be experiencing internally and within their multiple minority communities. Racial/ethnic minority parents of LGB individuals who exhibit a greater allegiance to this minority identity, according to Sarno, Mohr, Jackson, and Fassinger's (2015) work, may be experiencing higher levels of racism within the LGB community (including LGB parent support groups) at large, making them potentially less likely to participate in LGB parental support groups and increasing the level of conflict they might be experiencing about managing their (and their children's) racial/ethnic identities along with identifying as a parent of an LGB individual. Furthermore, their children may be less likely to be out about their LGB identity or more likely to perceive their parents may be less accepting, again decreasing the likelihood that racial/ethnic minority parents of LGB individuals would be affiliated with LGB organizations or parental support groups.

However, previous research offers hope that an underrepresentation of parents of LGB individuals of color in the sample may not have greatly influenced the results of this study. For example, the literature has shown that associations among stigma-related variables are generally similar for LGB people of color and LGB White people (e.g., Chesir-Teran & Hughes, 2009; Moradi et al., 2010). At the same time, a substantial body of research has addressed racial and ethnic differences in experiences of stigma and discrimination, identity integration, and overall acceptance of sexual minority identity status among LGB individuals, crucial differences which deserve further attention and are especially limited in the literature on parents of LGB individuals (e.g., Rosario, Schrimshaw, & Hunter, 2004; Balsam et al., 2015). Future work is needed that will be representative of racial/ethnic minority parents of LGB individuals and their unique experiences of LGB affiliate stigma.

The sample was also skewed by gender, with 87% of participants reporting they identified as female/mothers, and only 13% percent of the sample representing males/fathers (including one participant who identified as transgender male). Previous research has shown general differences in both the ways attachment styles manifest differently among genders, as well as how gender identity may influence stigma tendencies. For example, the literature has demonstrated that men and women with the same attachment styles have different perceptions of their romantic relationships (Collins & Read, 1990; Kirkpatrick & Davis, 1994; Pietromonaco & Carnelley, 1994), as well as propensities towards different emotions specifically related to the attachment system. Tangney and Dearing (2002) found that females across all ages report a greater propensity to feelings of shame and guilt than do males (Akbag & Imamoglu, 2010). Similarly, men and women in both avoidant and anxious attachment styles have demonstrated differences in perceptions of their sexual relations (Birnbaum, Reis, Mikulincer, Gillath, & Orpaz, 2006) and in regulating affection, including how much information they choose to reveal to their partners and their perceptions of their partners' levels of affection and communication (Powers, Pietromonaco, Gunlicks, & Sayer, 2006). Such differences may have influenced participants' reports of attachment and LGB affiliate stigma, with an overrepresentation of female participants.

Lastly regarding limitations with the demographic of the sample, a majority of parents in the current sample identified their political affiliation as Democrat/Liberal (70%). 17% identified as Moderate, 10% as Independent, and only 2% of the sample was representative of a Republican/Conservative political affiliation. Within the United States, the literature has shown that those who tend to publicly and politically embrace LGB identities are more likely to come from or affiliate with liberal communities and backgrounds (Swank, 2018). Affiliations with

more liberal communities are more likely to lead to conversations in LGB affirmative settings which often expose and sensitize people to systematic discrimination, as well as perceptions of U.S. society through a more empathic lens for LGB interests (Bernstein, 1997), and more sympathy and understanding for marginalized groups overall (Swank, 2018). It is possible that with such a disproportionately large number of self-identified democrat/liberal parents that the sample was biased toward a more accepting view of LGB interests, or in the least, a greater openness to empathic concern, ultimately skewing parents' views and experiences of LGB affiliate stigma.

Another limitation of this study involves general limitations and debates about how to measure attachment styles, which have long existed in the attachment literature. Self-report, interview, and projective measures have all been accepted as effective measures of attachment styles in adults (Berant, 2013). Generally speaking, the ECR (Brennan, Clark, & Shaver 1998) is a self-report measure of adult romantic attachment and is widely accepted with proven validity and reliability for measuring an individual's attachment style across the lifespan, utilizing the two primary dimensions: anxious and avoidant attachment (Shaver & Mikulincer, 2009). However, it is possible that this instrument may have been limited in multiple domains, including its ability to be predictive of attachment styles as they relate to experiences of stigma, as well as capturing subtle differences in how participants' may perceive their attachments across different relationship configurations (i.e., romantic relationships or parent-child relationships). For example, the ECR asks participants to rate each item based on how they feel in romantic relationships, whether currently in a relationship or by imagining a previous relationship (Brennan, Clark, & Shaver, 1998). While it is acceptable to make modifications to permit participants to imagine other kinds of relationships, this language was not changed in the current

study because adult romantic attachment remains one of the best predictors of general attachment styles throughout the lifespan (Shaver & Mikulincer, 2009). Based on previous literature examining attachment and stigma, participants' feelings about and actual involvement in romantic attachments may affect their current levels of attachment security. For example, Simpson and Rholes (2016) found evidence that involvement in committed relationships may serve as a buffer for insecurely attached individuals and decrease activation of maladaptive coping mechanisms related to attachment anxiety or avoidance. While such a buffer is highly dependent upon these long-term commitments meeting partners' specific attachment needs and may differ depending upon the intensity and duration of the stressor (Simpson & Rholes, 2016), it nevertheless may affect participants' appraisals of LGB affiliate stigma. A different measure of adult attachment style may have impacted participants' appraisals of stigma experiences in different ways.

Along those same lines, the language of the ECR was not modified for this study to reflect relationships specific to parent-child attachment. The primary reason for this decision was based on the assumption that attachment styles are a constant construct across the lifespan (Shaver & Mikulincer, 2009) that are activated far beyond parent-child relationship (George & Solomon, 1996; Kerr, Buttita, Smiley, Rasmussen, & Borelli, 2019). While the ECR measures one's experiences in relation to adult romantic relationships, literature has demonstrated that this measure of attachment translates to one's attachment style within the parent-child relationship. Because the intention of this study was not to examine parents' attachment styles solely within their relationships with their children, but across all relationships within their lives, the decision not to change the language of the ECR was made. However, it could be argued that not having modified the language of the ECR to reflect parent-child relationships, specific to the participants

in this study (i.e., parents), limited participants to reflections about their romantic relationships only and did not tap into potential subtle but important differences in romantic attachment vs. parent-child attachment experiences.

Similarly, debates exist among researchers about how to analyze attachment data. For example, Fraley, Waller, and Brennan (2000) have written about analyzing attachment data in a categorical or continuous fashion. The literature on multiple samples and measures (e.g., the strange situation, self-report measures, the adult attachment interview/AAI) suggest that variation in attachment is best modeled with dimensions rather than categories (Fraley & Waller, 1998; Fraley & Spieker, 2003; Roisman, Fraley, & Belsky, 2007). In short, classifying participants in a categorical rather than continuous model will effectively reduce the precision of measurement in attachment styles and thus lower statistical power (Fraley, Waller, & Brennan, 2000). Thus in this study, it is not possible to predict that parents of LGB individuals with a particular style of attachment may be more or less likely to experience LGB affiliate stigma but rather, that greater levels of attachment insecurity may be predictive of greater levels of LGB affiliate stigma.

Clinical Implications

Findings from this study contribute to a body of literature examining the impact of attachment styles on one's ability to manage distress and stigma, as well as stigma experiences specific to parents of LGB individuals. In this study, parents of LGB individuals' attachment styles were shown to impact their experiences of LGB affiliate stigma, with more anxious attachments reporting higher levels of LGB affiliate stigma in the present sample. There are several clinical implications derived from these results.

Firstly, in general, clinicians might consider the role clients' attachment styles may have on their overall ability and willingness to both accurately report/present distress and stigma-related experiences (inside and outside of the therapy room), as well as their ability to cope with such experiences. As previously noted, different attachment styles may contribute to clinically different levels of distress (particularly in the context of stressful life experiences), as well as a susceptibility to various types of pathology and coping methods (Gencoglu, Topkaya, Sahin, & Kaya, 2016; Riggs, Vosvick, & Stallings, 2007). An attachment theoretical framework provides a basis for which to understand the ways pathology may manifest differently within clients, including their perceptions of their ability to manage distress both internally and externally. Furthermore, an attachment theoretical perspective provides a framework for understanding the ways clients may perceive others, themselves in relation to others (i.e., internal working models of self and other/internal world of object relations), and the impact these working models have on their affective experiences, behaviors, and overall interpersonal functioning (Shaver & Mikulincer, 2009). Internal working models impact clients' experiences across all facets of life, including within the therapy room, which carries further implications for treatment goals, transference-related conceptualizations and interventions, and overall diagnostic and prognostic implications (Shaver & Mikulincer, 2009).

Secondly, when working with parents of LGB individuals, clinicians should be aware of the possible presence of affiliate stigma related to experiences of their clients having LGB children. Parents could benefit from psychotherapy that incorporates examination of these experiences as they grapple with complex feelings surrounding their child's, and by proxy, their own identities and affiliation with the LGB community. An understanding of clients' attachment styles in the context of LGB affiliate stigma provides a framework to examine these complex

feelings. For example, attachment theory may affect how parents of LGB individuals experience their role as parents in general, as well as their experiences specific to identifying as parents of LGB children. Parents' attachment styles may also affect their emotions, cognitions, and behaviors with their children (Jones, Ehrlich, Lejuez, & Cassidy, 2015). Previous research has shown that insecurely attached parents may experience less confidence in their ability to parent, more negative views of prospective and current children, and overall less sensitive and responsive parenting (Jones, Cassidy, & Shaver, 2015; Jones, Ehrlich, Lejuez, & Cassidy, 2015). Specific to this study, clinicians should incorporate findings that more insecurely attached parents may be experiencing a combination of stressors, whether that be specific to the stigma of identifying as parents of LGB individuals (or complex feelings surrounding their children's LGB identity), or an exacerbation of longstanding conflicts related to their attachment styles, inevitably affecting the ways they think and feel about their experience as parents of LGB children.

Similarly and of note, findings from analyses of demographic variables indicated that approximately 98% of parents believed the "cause" of their children's sexual orientations to be due to biological/genetic origins. This finding is particularly significant, as prior research has found that parents may feel shame and/or guilt that they have somehow contributed to their child's LGB status and stigmatization (Robinson, 2014; Corrigan & Miller, 2004), and thus may also fear others will blame them (Herdt & Koff, 2000; Savin-Williams, 2001). Clinically speaking, such findings from the present demographic may indicate that while guilt or shame may not be felt on the surface, particularly as psychoeducation regarding sexual orientation continues to rise socially, dynamically speaking, parents may still carry an unconscious sense they have contributed to causing their child's sexual orientation. In other words, it is possible

that such beliefs may run as deeply as “it is in my genes.” Clinicians should give due space and attention to exploration of these beliefs or fantasies, and their potential ties to guilt, shame, or stigmatization—conscious or not.

Along those same lines, clinicians should be aware of the effects of differences in the coming out experience of LGB individuals and their parents within both the sociopolitical context of the United States and within the developmental lifespan. In other words, since parents of LGB individuals of different ages will fall into different generational cohorts within the U.S., a parent in their 70s, for example, may have come of age in a sociopolitical era in which little was understood or accepted from the LGB experience (Bullough, 2002). This will obviously play a role in their experiences of stigma as the result of having an LGB child and warrants thorough clinical exploration. Likewise, younger parents of LGB individuals who came of age in an increasingly more accepting or, in the least, questioning sociopolitical environment that began to address LGB discrimination more actively, such as movements towards marriage equality (Ogolsky, Monk, Rice, & Oswald, 2019), may experience LGB affiliate stigma differently, again warranting thorough clinical exploration.

Regarding developmental considerations within the coming out experience and how this may impact parents of LGB individuals’ reports of affiliate stigma, clinicians should incorporate reflection with parents about confronting their child’s sexual orientation at an age which may also inherently stir much conflict for parents as their child transitions from adolescence to young adulthood. For example, the current sample of parents reported they learned of their child’s sexual orientation when their child was an average of 18 years old. At the age of 18, parents may be addressing their children living away from home for the first time, first entering the workforce, newfound legal independence, etc. Clinicians may consider how the intersections of

these new experiences may affect parents of LGB individuals, who now must also confront learning of their LGB child's sexual orientations and managing potential experiences of affiliate stigma.

Lastly, findings from this study promote further research examining the experiences of parents of LGB individuals, an area of literature that remains relatively scarce. Clinically, this is of obvious importance for parents of LGB individuals, but may also greatly impact work with LGB clients-whether that be directly, or indirectly via work with their parents. Parents of LGB individuals have been shown to play a crucial role in their LGB child's psychological well-being (D'Augelli, Grossman, Salter, Vasey, Starks, & Sinclair, 2005). Findings from this study may help clinicians develop an understanding of the ways parents may be impacted by their children's LGB identities (particularly via the lens of their respective attachment styles), consequently promoting psychological growth and understanding of both their own and their children's experiences. This may include clinicians' incorporating into treatment goals a specific bringing to consciousness of the ways in which their clients' (parents of LGB children) experiences may impact their children's well-being, in addition to their own.

Recommendations for Future Research

The goal of this study was to examine the relationship between parents' attachment styles and their experiences of LGB affiliate stigma associated with having an LGB child. While this study provided insight into this relationship, several areas of inquiry remain. First, as presented in the limitations section of this study, the present sample was not representative of the greater population of parents of LGB individuals. Demographically speaking, the sample was skewed significantly by parents' race/ethnicity (primarily white/Caucasian) and by gender (primarily mothers/women). Similarly, as has been documented with previous studies recruiting LGB

participants (e.g., Mohr, 2016), recruiting parents of LGB individuals through LGB-related or parent support group-related affiliations led to an overrepresentation of parents who may have more positive viewpoints of their children's LGB identities or may have already confronted or worked through experiences of LGB affiliate stigma. Furthermore, recruiting parents through such resources may have also led to an overrepresentation of participants who were more securely or anxiously attached, or in the very least, more amenable to intervention and a level of vulnerability and help-seeking behavior. Future research would benefit from a more demographically diverse sample, including more outreach targeted to parents outside of LGB ally and support groups. Finally, in a broader sense, an ongoing discussion as to how to address the inherent selection bias of more anxiously attached/less avoidantly attached participants in attachment research is also needed.

Another important consideration for future studies may be utilization of a different or more comprehensive measure of attachment, as the ECR (Brennan, Clark, & Shaver 1998) is specifically a self-report measure of adult romantic attachment. While the ECR is widely accepted with proven validity and reliability for measuring an individual's attachment style across the lifespan (Shaver & Mikulincer, 2009), it is possible that another measure of attachment would better predict attachment styles as they relate to experiences of stigma, as well as better capture subtle differences in how participants' perceive their attachments across different relationship configurations (i.e., romantic relationships vs parent-child relationships).

Future research may also benefit by incorporating the role of parents' previous or current (or lack thereof) psychotherapy experiences. Bowlby (1988) underscored the importance of therapists' roles as security-enhancing attachment figures within the therapeutic relationship. Both anxious and avoidant attachment styles have been shown to interfere with the therapeutic

alliance, contribute to negative transference and countertransference, and thus affect treatment outcomes (Shaver & Mikulincer, 2009). However, therapists' ability to provide a secure base for their clients can serve as a buffer to such negative outcomes and create a feeling of safety and courage for self-exploration, insight, and ability to face difficult memories, emotions, and life circumstances (Shaver & Mikulincer, 2009). In the same vein, parents' having already been/currently in psychotherapy may not only experience changes in attachment security, but changes in their general level of insight and psychoeducation regarding stigma experiences and their roles as parents of LGB individuals. Such variables have potential to greatly impact the relationship between attachment and LGB affiliate stigma, as well as for further clinical implications with this population.

Lastly, while the present study focused only on parents of LGB individuals, literature is still significantly lacking on the experience of parents of transgender individuals. Throughout recruitment of participants via LGB parent ally and support groups for this study, many parents of transgender individuals expressed great interest and need for exploration of their unique experiences. While gender identity and sexual orientation are obviously distinct constructs, they are often inextricably integrated, consequently enveloping transgender individuals into the broader LGB community (Maguen, Shipherd, & Harris, 2005; Shipherd, Maguen, Skidmore, & Abramovitz, 2011). Such conflation has important implications for stereotypes and stigmatization. For example, stigmatization toward individuals who deviate from proscribed gender role norms may also be associated with stigmatization and increased hate crimes toward LGB individuals (Dean et al., 2000; Herek, 1991; Lombardi, Wilchins, Priesing, & Malouf, 2001). Given such findings, it is reasonable to expect a wealth of clinical differences and challenges in experiences of stigma for parents of transgender individuals, differences that are

deserving of their own investigation. Future research should focus solely on the stigma experience of parents of transgender individuals, rather than attempting to incorporate these experiences into those of parents of LGB individuals.

References

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Ainsworth, M. D. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist*, *46*, 333-341. doi:10.1037/0003-066X.46.4.333
- Balsam, K. F., Molina, Y., Blayney, J. A., Dillworth, T., Zimmerman, L., & Kaysen, D. (2015). Racial/ethnic differences in identity and mental health outcomes among young sexual minority women. *Cultural Diversity and Ethnic Minority Psychology*, *21*(3), 380-390. doi: 10.1037/a0038680
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, *61*, 226-244.
- Beals, K. P., & Peplau, L. A. (2006). Disclosure patterns within social networks of gay men and lesbians. *Journal of Homosexuality*, *51*, 101-120. doi:10.1300/J082v51n02_06
- Ben-Ari, A. (Ed.) (1995). The discovery that an offspring is gay: Parents', gay men's, and lesbians' perspectives. *Journal of Homosexuality*, *30*, 89-112. doi:10.1300/J082v30n01_05

- Berant, E., Mikulincer, M., & Florian, V. (2001). Attachment style and mental health: A one-year follow-up study of mothers of infants with congenital heart disease. *Personality and Social Psychology Bulletin*, 8, 956-968.
- Berant, E., Mikulincer, M., & Shaver, P. R. (2008). Mothers' attachment style, their mental health, and their children's emotional vulnerabilities: A 7-year study of children with congenital heart disease. *Journal of Personality*, 76, 31– 65.
<http://dx.doi.org/10.1111/j.1467-6494.2007.00479.x>
- Berlin, L. J., Whiteside-Mansell, L., Roggman, L. A., Green, B. L., Robinson, J., & Spieker, S. (2011). Testing maternal depression and attachment style as moderators of Early Head Start's effects on parenting. *Attachment & Human Development*, 13, 49–67. doi:10.1080/14616734.2010.488122
- Bernstein, M. (1997). Celebration and suppression: the strategic uses of identity by the lesbian and gay movement. *American Journal of Sociology*, 103, 531–565.
- Bieber, I. H., Dain, P., Dince, M., Drellich, R., Grand, R., Gundlach, M., et al. (1962). *Homosexuality: A psychoanalytic study*. New York: Basic Books.
- Bird, J. D., Kuhns, L., & Garofalo, R. (2012). The impact of role models on health outcomes for lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health*, 50, 353–357.
<http://dx.doi.org/10.1016/j.jadohealth.2011.08.006>
- Birnbaum, G.E., Reis, H.T., Mikulincer, M., Gillath, O., & Orpaz, A. (2006). When sex is more than just sex: Attachment orientations, sexual experience, and relationship quality. *Journal of Personality and Social Psychology*, 91(5), 929-943.
- Bosson, J. K., Haymovitz, E. L., & Pinel, E. C. (2004). When saying and doing diverge: The effects of stereotype threat on self-reported versus non-verbal anxiety. *Journal of*

- Experimental Social Psychology*, 40, 247–255. [http://dx.doi.org/10.1016/S0022-1031\(03\)00099-4](http://dx.doi.org/10.1016/S0022-1031(03)00099-4)
- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger*. New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss: Sadness and depression*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.
- Bregman, H. R., Malik, N. M., Page, M. J., Makynen, E., & Lindahl, K. M. (2013). Identity profiles in lesbian, gay, and bisexual youth: The role of family influences. *Journal of Youth and Adolescence*, 42, 417–430. [http:// dx.doi.org/10.1007/s10964-012-9798-z](http://dx.doi.org/10.1007/s10964-012-9798-z)
- Broad, K.L. (2002) Social movement selves. *Sociological Perspectives*, 45(3), 317–336.
- Bullough, V. L. (2002). *Before Stonewall : Activists for Gay and Lesbian Rights in Historical Context*. New York: Routledge.
- Carnelley, K. B., Hepper, E. G., Hicks, C., & Turner, W. (2011). Perceived parental reactions to coming out, attachment, and romantic relationship views. *Attachment & Human Development*, 13(3), 217–236. doi:10.1080/14616734.2011.563828
- Carnelley, K., Peitromonaco, P., & Jaffe, K. (1994). Depression, working models of others, and relationship functioning. *Journal of Personality and Social Psychology*, 66, 127–140.
- Catona, D., Greene, K., Magsamen-Conrad, K., & Carpenter, A. (2016). Perceived and experienced stigma among people living with HIV: Examining the role of prior

- stigmatization on reasons for and against future disclosures. *Journal of Applied Communication Research*, 44(2), 136-155. doi:10.1080/00909882.2016.1155726
- Cheng, H., McDermott, R. C., & Lopez, F. G. (2015). Mental health, self-stigma, and help-seeking intentions among emerging adults: An attachment perspective. *The Counseling Psychologist*, 43(3), 463-487. doi:10.1177/0011000014568203
- Chesir-Teran, D., & Hughes, D. (2009). Heterosexism in high school and victimization among lesbian, gay, bisexual, and questioning students. *Journal of Youth and Adolescence*, 38, 963–975. <http://dx.doi.org/10.1007/s10964-008-9364-x>
- Chesney, M., & Smith, A. (1999). Critical delays in HIV testing and care: The potential role of stigma. *American Behavioral Scientist*, 42, 1162–1174.
- Chessler, M. F. (2000). Adult attachment styles and adjustment to life-threatening illness. Dissertation Abstracts International: Section B. *The Sciences and Engineering*, 61(1-B), 575
- Ciechanowski, P., Sullivan, M., Jensen, M., Romano, J., & Summers, H. (2003). The relationship of attachment style of depression, catastrophizing and health care utilization in patients with chronic pain. *Pain*, 104, 627–637.
- Collins, N. L., Guichard, A. C., Ford, M. B., & Feeney, B. C. (2006). Responding to need in intimate relationships: Normative processes and individual differences. In M. Mikulincer & G. S. Goodman (Eds.), *Dynamics of romantic love: Attachment, caregiving, and sex* (pp. 149 – 189). New York, NY: Guilford Press.
- Collins, N.L., & Read, S.J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology*, 58, 644-663.

- Conley, C. L. (2011). The development and initial validation of the COPLAG scale: Measuring the concerns of parents of lesbians and gays. *Journal of Gay & Lesbian Social Services, 23*, 30-52. doi: 10.1080/10538720.2010.532083
- Corrigan, P. W., Markowitz, F. E., & Watson, A. C. (2004). Structural levels of mental illness stigma and discrimination. *Schizophrenia Bulletin, 30*, 481–491.
- Corrigan, P. W., & Miller, F. E. (2004). Shame, blame, and contamination: A review of the impact of mental illness stigma, on family members. *Journal of Mental Health, 13*, 537–548. <http://dx.doi.org/10.1080/09638230400017004>
- Crandall, C. S. (1994). Prejudice against fat people: Ideology and self-interest. *Journal of Personality and Social Psychology, 66*, 882-894.
- Crandall, C. S. (1995). Do parents discriminate against their heavyweight daughters? *Personality and Social Psychology Bulletin, 21*, 724-735.
- Crandall, C., & Biernat, M. (1990). The ideology of anti-fat attitudes. *Journal of Applied Social Psychology, 20*, 227-243.
- Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (Vol. 2, 4th ed., pp. 504-553). Boston, MA: McGraw-Hill.
- D’Augelli, A. R. (2005). Stress and adaptation among families of lesbian, gay, and bisexual youth: Research challenges. *Journal of GLBT Family Studies, 1*, 115–135.
- D’Augelli, A. R., Grossman, A. H., Salter, N. P., Vasey, J. J., Starks, M. T., & Sinclair, K. O. (2005). Predicting the suicide attempts of lesbian, gay, and bisexual youth. *Suicide and Life-Threatening Behavior, 35*, 646 – 660. doi:10.1521/suli.2005.35.6.646

D'Augelli, A. R., Grossman, A. H., & Starks, M. T. (2005). Parents' awareness of lesbian, gay, and bisexual youths' sexual orientation. *Journal of Marriage and Family*, *67*, 474–482. doi:10.1111/j.0022-2445.2005.00129.x

Dean, L., Meyer, I. H., Robinson, K., Sell, R. L., Sember, R., Silenzio, V. M. B., . . . Dunn, P. (2000). *Lesbian, gay, bisexual and transgender health: Findings and concerns.*: Retrieved from Gay and Lesbian Medical Association & Columbia University Joseph L. Mailman School of Public Health Center for Lesbian, Gay, Bisexual, and Transgender Health.

Desnoyers, Danielle, "Parents' Concerns about their Gay and Lesbian Children: An Attachment Perspective" (2014). University of New Orleans Theses and Dissertations. Paper 1913.

Diamond, G. M., Diamond, G. S., Levy, S., Closs, C., Ladipo, T., & Siqueland, L. (2012). Attachment-based family therapy for suicidal lesbian, gay, and bisexual adolescents: A treatment development study and open trial with preliminary findings. *Psychotherapy*, *49*(1), 62–71. doi:10.1037/a0026247.

Douglas, R.P, Conlin, S.E., Duffy, R.D., & Allan, B.A. (2017). Examining moderators of discrimination and subjective well-being among LGB individuals. *Journal of Counseling Psychology*, *64*(1), 1-11. doi:10.1037/cou0000187.

Dovidio, J. G., Major, B., & Crocker, J. (2000). Stigma: Introduction and overview. In T. F. Heatherton, R. E., Kleck, M. R. Hebl, &]. G. Hull (Eds.), *The social psychology of stigma* (pp. 1-28). New York: The Guilford Press.

Edelstein, R.S., Alexander, K.W., Shaver, P.R., Schaaf, J.M., Quas, J.A., Lovas, G.S., & Goodman, G.S. (2004). Adult attachment style and parental responsiveness during a stressful event. *Attachment & Human Development*, *6*(1), 31-52.

- Egeland, B., & Farber, E. A. (1984). Infant-mother attachment: Factors related to its development and changes over time. *Child Development, 55*(3), 753-771.
- Elizur, Y., & Mintzer, A. (2003). Gay males' intimate relationship quality: The roles of attachment security, gay identity, social support, and income. *Personal Relationships, 10*, 411-435.
- Elliott, G. C, Ziegler, H. L., Altman, B. M., & Scott, D. R. (1982). Understanding stigma: Dimensions of deviance and coping. *Deviant Behavior, 3*, 275-300.
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*, 1149-1160.
- Feeney, J. A. (2002). Early parenting and parental attachment: Links with offspring's attachment and perceptions of social support. *Journal of Family Studies, 8*, 5-23.
doi:10.5172/jfs.8.1.5
- Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice, 3*(1), 6-25.
- Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item-response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology, 78*, 350-365.
- Fredrickson, B.L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56*, 218-226.
- George, C., & Solomon, J. (1996). Representational models of relationships: Links between caregiving and attachment. *Infant Mental Health Journal, 17*, 198-216.
[http://dx.doi.org/10.1002/\(SICI\)1097-0355\(199623\)17:3198::AID-IMHJ23.0.CO;2-L](http://dx.doi.org/10.1002/(SICI)1097-0355(199623)17:3198::AID-IMHJ23.0.CO;2-L)

- Goffman, I. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice Hall.
- Grossmann, K. E., Grossmann, K., & Schwan, A. (1986). Capturing the wider view of attachment: A reanalysis of Ainsworth's strange situation. In C. E. Izard & P. B. Read (Eds), *Measuring emotions in infants and children* (Vol. 2, pp. 124 – 171). New York: Cambridge University Press.
- Hamilton, C. E. (2000). Continuity and discontinuity of attachment from infancy through adolescence. *Child Development, 71*(3), 690-694.
- Hansen, J. T. (2004). Thoughts on knowing: Epistemic implications of counseling practice. *Journal of Counseling & Development, 82*, 131– 138.
- Hatzenbuehler, M. L. (2011). The social environment and suicide attempts in a population-based sample of LGB youth. *Pediatrics, 127*(5), 896–903.
- Hatzenbuehler, M. L., Bellatorre, A., Lee, Y., Finch, B. K., Muennig, P., & Fiscella, K. (2014). Structural stigma and all-cause mortality in sexual minority populations. *Social Science & Medicine, 103*, 33–41.
- Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American Journal of Public Health, 100*, 452–459.
- Hazan, C., & Shaver, P.R. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*, 511-524.
- Heatherington, L., & Lavner, J. A. (2008). Coming to terms with coming out: Review and recommendations for family systems-focused research. *Journal of Family Psychology, 22*, 329–343. doi:10.1037/0893-3200.22.3.329

- Herd, G. & Koff, B. (2000). *Something to tell you: The road families travel when a child is gay*. New York Columbia University Press.
- Herek, G. M. (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence, 24*(1), 54-74. doi:10.1177/0886260508316477
- Herek, G. M. (1991). Stigma, prejudice and violence against lesbians and gay men. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 60-80). Newbury Park, CA: Sage.
- Herek, G., & Capitano, J. (1993). Public reactions to AIDS in the United States: A second decade of stigma. *American Journal of Public Health, 83*, 574-577.
- Herek, G., & Capitano, J. (1998). AIDS stigma and HIV-related beliefs in the United States: Results from a national telephone survey. Paper presented at the XII International Conference on AIDS, Geneva, July.
- Herek, G. M., Chopp, R., & Strohl, D. (2007). Sexual stigma: Putting sexual minority health issues in context. In I. H. Meyer & M. E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual, and transgender populations* (pp. 171-208). New York, NY: Springer.
- Holtzen, D. W., Kenny, M. E., & Mahalik, J. R. (1995). Contributions of parental attachment to gay or lesbian disclosure to parents and dysfunctional cognitive processes. *Journal of Counseling Psychology, 42*(3), 350-355.
- Jellison, W. A., & McConnell, A. R. (2003). The mediating effects of attitudes toward homosexuality between secure attachment and disclosure outcomes among gay men. *Journal of Homosexuality, 46*(1-2), 159-177.

- Jones, K. N., Brewster, M. E., & Jones, J. A. (2014). The creation and validation of the LGBT Ally Identity Measure. *Psychology of Sexual Orientation and Gender Diversity, 1*, 181–195. <http://dx.doi.org/10.1037/sgd0000033>
- Jones, J. D., & Cassidy, J. (2014). Parental attachment style: Examination of links with parent secure base provision and adolescent secure base use. *Attachment & Human Development, 16*, 437–461. <http://dx.doi.org/10.1080/14616734.2014.921718>
- Jones, J. D., Cassidy, J., & Shaver, P. R. (2015). Parents' self-reported attachment styles: A review of links with parenting behaviors, emotions, and cognitions. *Personality and Social Psychology Review, 19*, 44–76. <http://dx.doi.org/10.1177/1088868314541858>
- Jones, J.D., Ehrlich, K.B., Lejuez, C.W., & Cassidy, J. (2015). Parental knowledge of adolescent activities: Links with parental attachment style and adolescent substance use. *Journal of Family Psychology, 29*(2), 191-200.
- Jones, E.E., Farina, A., Hastorf, A.H., Markus, H., Miller, D.T., & Scott, R.A. (1984). *Social stigma: The psychology of marked relationships*. New York: Freeman.
- Kerr, M.L., Buttitta, K.V., Smiley, P.A., Rasmussen, H.F., & Borelli, J.L. (2019). Mothers' real-time emotion as a function of attachment and proximity to their children. *Journal of Family Psychology, 1-11*. Advance online publication. <http://dx.doi.org/10.1037/fam0000515>
- Kidd, T., & Sheffield, D. (2005). Attachment style and symptom reporting: Examining the mediating effects of anger and social support. *British Journal of Health Psychology, 10*, 531-541.
- Kilmann, P. R., Vendemia, J. C., Parnell, M. M., & Urbaniak, G. C. (2009). Parent characteristics linked with daughters' attachment styles. *Family Therapy, 36*, 83–94.

- Kurzban, R., & Leary, M.R. (2001). Evolutionary origins of stigmatization: The functions of social exclusion. *Psychological Bulletin*, *127*(2), 187-208.
- LaSala, M. C. (2010). *Coming out, coming home: Helping families adjust to a gay or lesbian child*. New York, NY: Columbia University Press.
- Lewis, R. J., Derlega, V. J., Clarke, E. G., & Kuang, J. C. (2006). Stigma consciousness, social constraints, and lesbian well-being. *Journal of Counseling Psychology*, *53*(1), 48 –56.
<http://dx.doi.org/10.1037/0022-0167.53.1.48>
- Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003). Stressors for gay men and lesbians: Life stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology*, *22*, 716 –729.
<http://dx.doi.org/10.1521/jscp.22.6.716.22932>
- Link, B. G., & Phelan, J. (2001). Conceptualizing stigma. *Annual Review of Sociology*, *27*, 363–385. <http://dx.doi.org/10.1146/annurev.soc.27.1.363>
- Levy, K.N., Meehan, K.B., Weber, M., Reynoso, J., & Clarkin, J.F. (2005). Attachment and borderline personality disorder: Implications for psychotherapy. *Psychopathology*, *38*, 64-74.
- Lewis, R. J., Derlega, V. J., Clarke, E. G., & Kuang, J. C. (2006). Stigma consciousness, social constraints, and lesbian well-being. *Journal of Counseling Psychology*, *53*, 48 –56.
[doi:10.1037/0022-0167.53.1.48](https://doi.org/10.1037/0022-0167.53.1.48)
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2001). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality*, *42*, 89-101.

- Lopez, F., Melendez, M., Sauer, E., Berger, E., & Wyssmann, J. (1998). Internal working models, self-reported problems, and help-seeking attitudes among college students. *Journal of Counseling Psychology, 45*, 79–83.
- Maguen, S., Shipherd, J. C., & Harris, H. N. (2005). Providing culturally sensitive care for transgender patients. *Cognitive and Behavioral Practice, 12*, 479-490.
- Major, B., & O'Brien, L. T. (2005). The social psychology of stigma. *Annual Review of Psychology, 56*, 393–421.
- Maslowe, K.E., & Yarhouse, M.A. (2015). Christian parental reactions when a LGB child comes out. *The American Journal of Family Therapy, 43*(4), 352-363.
doi: 10.1080/01926187.2015.1051901
- Maxwell, J.A., Spielmann, S.S., Joel, S., & MacDonald, G. (2013). Attachment theory as a framework for understanding responses to social exclusion. *Social and Personality Psychology Compass, 7*(7), 444-456. doi: 10.1111/spc3.12037
- Mays, V. M., & Cochran, S.D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health, 91*, 1869-1876. doi:10.2105/AJPH.91.11.1869
- Mikulincer, M., Dolev, T., & Shaver, P. R. (2004). Attachment-related strategies during thought suppression: Ironic rebounds and vulnerable self-representations. *Journal of Personality and Social Psychology, 87*, 940 –956. <http://dx.doi.org/10.1037/0022-3514.87.6.940>
- Mikulincer, M., & Florian, V. (1995). Appraisal of and coping with a real-life stressful situation: The contribution of attachment styles. *Personality and Social Psychology Bulletin, 21*(4), 406–414.

- Mikulincer, M., & Florian, V. (1998). *Attachment theory and close relationships*. J.A. Simpson & W.S. Rholes (Eds.). New York, NY: The Guilford Press.
- Mikulincer, M., Horesh, N., Eilati, I., & Kotler, M. (1999). The association between adult attachment style and mental health in extreme life-endangering conditions. *Personality and Individual Differences, 27*, 831– 842. [http://dx.doi.org/10.1016/S0191-8869\(99\)00032-X](http://dx.doi.org/10.1016/S0191-8869(99)00032-X)
- Mikulincer, M., & Nachshon, O. (1991). Attachment styles and patterns of self-disclosure. *Journal of Personality and Social Psychology, 61*, 321–331.
- Mikulincer, M., & Shaver, P. R. (2001). Attachment theory and intergroup bias: Evidence that priming the secure base schema attenuates negative reactions to out-groups. *Journal of Personality and Social Psychology, 81*, 97-115.
- Mikulincer, M., & Shaver, P. R. (2003). The attachment behavioral system in adulthood: Activation, psychodynamics, and interpersonal processes. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 35, pp. 53–152). New York: Academic Press.
- Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. New York, NY, US: Guilford Press.
- Milligan, K., Atkinson, L., Trehub, S. E., Benoit, D., & Poulton, L. (2003). Maternal attachment and the communication of emotion through song. *Infant Behavior and Development, 26*, 1 – 13.
- Millings, A., Walsh, J., Hepper, E., & O'Brien, M. (2013). Good partner, good parent: Responsiveness mediates the link between romantic attachment and parenting style.

Personality and Social Psychology Bulletin, 39, 170–180.

doi:10.1177/0146167212468333

Mills-Koonce, W., Appleyard, K., Barnett, M., Deng, M., Putallaz, M., & Cox, M. (2011). Adult attachment style and stress as risk factors for early maternal sensitivity and negativity.

Infant Mental Health Journal, 32, 277–285. doi:10.1002/imhj.20296

Meyer, I. H., Schwartz, S., & Frost, D. M. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? *Social*

Science & Medicine, 67, 368–379. doi:10.1016/j.socscimed.2008.03.012

Mohr, J.J. (2016). Daily heterosexism experiences and well-being among LGB young adults:

The moderating role of attachment style. *Journal of Counseling Psychology*, 63(1), 76-86.

Mohr, J. J., & Fassinger, R. E. (2003). Self-acceptance and self-disclosure of sexual orientation in lesbian, gay, and bisexual adults: An attachment perspective. *Journal of Counseling*

Psychology, 50(4), 482-495. doi:10.1037/0022-0167.50.4.482

Moradi, B., Wiseman, M. C., DeBlaere, C., Goodman, M. B., Sarkees, A., Brewster, M. E., & Huang, Y. P. (2010). LGB of color and White individuals' perceptions of heterosexist

stigma, internalized homophobia, and outness: Comparisons of levels and links. *The*

Counseling Psychologist, 38, 397–424. <http://dx.doi.org/10.1177/0011000009335263>

Nam, S. K., & Lee, S. M. (2015). The role of attachment and stigma in the relationship between stress and attitudes toward counseling in South Korea. *Journal of Counseling &*

Development, 93(2), 212-224.

- Needham, B. L., & Austin, E. L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of Youth and Adolescence*, *39*, 1189–1198. doi:10.1007/s10964-010-9533-6
- Newcomb, M. E., Heinz, A. J., & Mustanski, B. (2012). Examining risk and protective factors for alcohol use in lesbian, gay, bisexual, and transgender youth: A longitudinal multilevel analysis. *Journal of Studies on Alcohol and Drugs*, *73*, 783–793. <http://dx.doi.org/10.15288/jsad.2012.73.783>
- Ogolsky, B. G., Monk, J. K., Rice, T. M., & Oswald, R. F. (2019). Personal well-being across the transition to marriage equality: A longitudinal analysis. *Journal of Family Psychology*. Advance online publication. <http://dx.doi.org/10.1037/fam0000504>
- Özcan, N. K., Boyacıoğlu, N. E., Enginkaya, S., Bilgin, H., & Tomruk, N. B. (2016). The relationship between attachment styles and childhood trauma: A transgenerational perspective—A controlled study of patients with psychiatric disorders. *Journal of Clinical Nursing*, *25*(5-16), 2357-2366. doi:10.1111/jocn.13274
- Palma, T. V., & Stanley, J. L. (2002). Effective counseling with lesbian, gay, and bisexual clients. *Journal of College Counseling*, *5*, 74-89.
- Parker, P., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science & Medicine*, *57*, 13–24.
- Phelan, J.C., Link, B.C., & Dovidio, J.F. (2008). Stigma and prejudice: One animal or two? *Social Science & Medicine*, *67*, 358-367. doi:10.1016/j.socscimed.2008.03.022
- Poteat, V. P., Mereish, E. H., DiGiovanni, C. D., & Koenig, B. W. (2011). The effects of general and homophobic victimization on adolescents' psychosocial and educational concerns:

- The importance of intersecting identities and parent support. *Journal of Counseling Psychology*, 58, 597–609. doi:10.1037/a0025095.
- Pullium, R. M. (1993). Reactions to AIDS patients as a function of attributions about controllability and promiscuity. *Social Behavior and Personality*, 21, 297-302.
- Raiffe, D.E., & Murphy, T.P. (2016). The role of attachment on adult attitudes toward interacting with children. *Psi Chi Journal of Psychological Research*, 21(3), 162-169.
- Reece, M. (2003). HIV-related mental health care: Factors influencing dropout among low-income HIV-positive individuals. *AIDS Care*, 15, 707-716.
- Rholes, W. S., & Simpson, J. A. (2004). Ambivalent attachment and depressive symptoms: The role of romantic and parent–child relationships. *Journal of Cognitive Psychotherapy*, 18(1), 67–78.
- Rholes, W. S., Simpson, J. A., & Blakely, B. S. (1995). Adult attachment styles and mothers' relationships with their young children. *Personal Relationships*, 2, 35–54.
doi:10.1111/j.1475- 6811.1995.tb00076.x
- Riggs, S.A., Vosvick, M., & Stallings, S. (2007). Attachment style, stigma and psychological distress among HIV+ adults. *Journal of Health Psychology*, 12(6), 922-936.
- Robinson, M.A. (2014). The development of the lesbian, gay, bisexual affiliate stigma measure. Retrieved from Columbia University Digital Dissertations.
- Robinson, M.A., & Brewster, M.E. (2016). Understanding affiliate stigma faced by heterosexual family and friends of LGB people: A measurement development study. *Journal of Family Psychology*, 30(3), 353-363.
- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2004). Ethnic/racial differences in the coming-out process of lesbian, gay, and bisexual youths: A comparison of sexual identity

- development over time. *Cultural Diversity and Ethnic Minority Psychology*, *10*(3), 215-228. doi: 10.1037/1099-9809.10.3.215
- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2012). Risk factors for homelessness among lesbian, gay, and bisexual youths: A developmental milestone approach. *Children And Youth Services Review*, *34*, 186-193. doi:10.1016/j.childyouth.2011.09.016
- Rostosky, S. S., Riggle, E. D. B., Horne, S. G., & Miller, A. D. (2009). Marriage amendments and psychological distress in lesbian, gay, and bisexual (LGB) adults. *Journal of Counseling Psychology*, *56*, 56 – 66. doi:10.1037/a0013609
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay and bisexual young adults. *Pediatrics*, *123*, 346–352. doi:10.1542/peds.2007-3524
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, *23*, 205–213. <http://dx.doi.org/10.1111/j.1744-6171.2010.00246.x>
- Samarova, V., Shilo, G., & Diamond, G. M. (2013). Changes over time in youths' perceived parental acceptance of their sexual minority status. *Journal of Research on Adolescence*. doi:10.1111/jora.12071
- Sarno, E. L., Mohr, J. J., Jackson, S. D., & Fassinger, R. E. (2015). When identities collide: Conflicts in allegiances among LGB people of color. *Cultural Diversity and Ethnic Minority Psychology*, *21*(4), 550-559. <http://dx.doi.org/10.1037/cdp0000026>
- Savin-Williams, R. C. (2001). *Mom, dad. I'm gay: How families negotiate coming out*. Washington, DC: American Psychological Association.

- Savin-Williams, R. C. (2005). *The new gay teenager*. Cambridge, MA: Harvard University Press.
- Savin-Williams, R. C., & Dube, E. M. (1998). Parental reactions to their child's disclosure of a gay/lesbian identity. *Family Relations*, *47*, 7–13. <http://dx.doi.org/10.2307/584845>
- Savin-Williams, R. C., & Ream, G. L. (2003). Sex variations in the disclosure to parents of same-sex attractions. *Journal of Family Psychology*, *17*, 429 – 438. doi:10.1037/0893-3200.17.3.429
- Scheepers, D., & Ellemers, N. (2005). When the pressure is up: The assessment of social identity threat in low and high status groups. *Journal of Experimental Social Psychology*, *41*, 192-200.
- Schmidt, S., Nachtigall, C., Wuethrich-Martone, O., & Strauss, B. (2002). Attachment and coping with chronic disease. *Journal of Psychosomatic Research*, *53*, 763–773.
- Selcuk, E., Günaydin, G., Sumer, N., Harma, M., Salman, S., Hazan, C.,...Ozturk, A. (2010). Self-reported romantic attachment style predicts everyday maternal caregiving behavior at home. *Journal of Research in Personality*, *44*, 544–549. doi:10.1016/j.jrp.2010.05.007
- Shaver, P.R., & Hazan, C. (1993). Adult romantic attachment: Theory and evidence. In D. Perlman & W. Jones (Eds.), *Advances in personal relationships* (Vol. 4, pp. 29-70). London: Jessica Kingsley.
- Shaver, P.R., & Mikulincer, M. (2002). Attachment-related psychodynamics. *Attachment & Human Development*, *4*, 133-161.
- Shaver, P.R., & Mikulincer, M. (2009). An overview of adult attachment theory. In J.H. Obegi & E. Berant (Eds.), *Attachment Theory and Research in Clinical Work with Adults* (17-45). New York: The Guildford Press.

- Shipherd, J.C., Maguen, S., Skidmore, W.C., & Abramovitz, S.M. (2011). Potentially traumatic events in a transgender sample: Frequency and associated symptoms. *Traumatology, 17*(2), 56-67. doi: 10.1177/1534765610395614
- Sigelman, C. K., Howell, J. L., Cornell, D. P., Cutright, J. D., & Dewey, J. C. (1991). Courtesy stigma: The social implications of associating with a gay person. *Journal of Social Psychology, 131*, 45-56. doi:10.1080/00224545.1991.9713823
- Simpson, J.A. (1990). Influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology, 59*, 871-980.
- Simpson, J. A., Rholes, W. S. (2017). Adult attachment, stress, and romantic relationships. *Current Opinion in Psychology, 13*, 19-24.
- Simpson, J. A., Rholes, W. S., & Nelligan, J. S. (1992). Support seeking and support giving within couples in an anxiety-provoking situation: The role of attachment styles. *Journal of Personality and Social Psychology, 62*, 434-446.
- Swank, E. (2018). Sexual identities and participation in liberal and conservative movements. *Social Science Research, 74*, 176-186. <https://doi.org/10.1016/j.ssresearch.2018.04.002>
- Thompson, N., Schwarz, D., McCandless, B., & Edwards, D. (1973). Parent-child relationships and sexual identity in male and female homosexuals and heterosexuals. *Journal of Consulting and Clinical Psychology, 41*, 120-127.
- Turner-Cobb, J. M., Gore-Felton, C., Maroud, F., Koopman, C., Kim, P., Israelski, D., & Spiegel, D. (2002). Coping, social support, and attachment style as psychosocial correlates of adjustment in men and women with HIV-AIDS. *Journal of Behavioral Medicine, 25*, 337-353.

- Vogel, D. L., Shechtman, Z., & Wade, N. G. (2010). The role of public and self-stigma in predicting attitudes toward group counseling. *The Counseling Psychologist, 38*(7), 904-922.
- Wang, C.D., Schale, C.L., & Broz, K.K. (2010). Adult attachment; lesbian, gay, and bisexual identity; and social attitudes of nonheterosexual individuals. *Journal of College Counseling, 10*, 31-49.
- Weinfield, N. S., Sroufe, L. A., & Egeland, B. (2000). Attachment from infancy to early adulthood in a high-risk sample: Continuity, discontinuity, and their correlates. *Child Development, 71*(3), 695-702.
- Williams, T., Connolly, J., Pepler, D., & Craig, W. (2003). Questioning and sexual minority adolescents: High school experiences of bullying, sexual harassment, and physical abuse. *Canadian Journal of Community Mental Health, 22*(2), 47-58.
- Wilson, G. A., Zeng, Q., & Blackburn, D. G. (2011). An examination of parental attachments, parental detachments and self-esteem across heterosexual, bisexual and homosexual individuals. *Journal of Bisexuality, 11*(1), 86-97.
- Witte, R.S., & Witte, J.S. (2007). *Statistics*. Hoboken, NJ: Wiley.
- Yang, H.Y., Kleinman, A., Link, B.G., Phelan, J.C., Lee, S., & Good, B. (2007). Culture and stigma: Adding moral experience to stigma theory. *Social Science and Medicine, 64*, 1524-1535.
- Zakalik, R.A., & Wei, M. (2006). Adult attachment, perceived discrimination based on sexual orientation, and depression in gay males: Examining the mediation and moderation effects. *Journal of Counseling Psychology, 53*(3), 302-313. doi: 10.1037/0022-0167.53.3.302

Zeligman, M., Hagedorn, W.B., & Barden, S.M. (2017). The relationship between stigma and trauma in adults living with HIV. *Journal of Mental Health Counseling, 39*(1), 12-24.

Zuroff, D.C., & Fitzpatrick, D.K. (1995). Depressive personality styles: Implications for adult attachment. *Personality and Individual Differences, 18*, 253-365.

Appendix A: Letter of Solicitation

Dear Volunteer:

Purpose/Time of Research

This study will look at the link between attachment and stigma in parents of lesbian, gay, and bisexual (LGB) people. Research has shown that parents of LGB people may also experience stigma like that of LGB individuals. Research on attachment has shown that it impacts the way people manage stigma. This study hopes to give support to LGB people and their parents.

Voluntary Process

Volunteers must be 18 years or older. They must identify as the parent of a lesbian, gay, or bisexual individual. Volunteers may withdraw from this study at any time. Volunteers' permission will be given by going to the survey link. Volunteers will fill-out a background survey first. They will then fill-out two short other surveys. These surveys will take about 10-15 minutes.

Protection of Identity

Volunteer answers in this study will stay confidential. This study will not identify volunteers. The data in this study will be collected through Qualtrics to protect volunteers' identity. Survey volunteers will remain anonymous. Information and data received from Qualtrics will be stored on a USB memory key. This key will be kept in a locked and secure location. Only this researcher and this researcher's academic advisor, Dr. Daniel Cruz, will have access to this. This information will be safely stored for three years.

Possible Risks and Discomfort

There are few risks or discomfort in this study. Risks are lessened by the use of short surveys. Volunteers are free to leave the study at any time. There is no penalty for this. Volunteers who do experience distress may discuss those feelings with a professional. They may contact the National Crisis Hotline at 1-800-273-8255.

Benefits to Research

Volunteering in this study will provide valuable information about links between attachment and LGB stigma for parents of LGB people. Such information may improve support for these parents. This may also improve support for the entire LGB community.

Contact Information

Please contact the researchers below for any questions. Questions about participants' rights should go to the director of the Institutional Review Board at Seton Hall University, Dr. Mary F. Ruzicka, Ph.D., at (973) 313-6314, or by email at irb.shu.edu.

Sincerely,

Christina Mastropaolo, M.S.
PhD Doctoral Student
Counseling Psychology PhD Program

Department of Professional Psychology and Family Therapy
Seton Hall University
400 South Orange Avenue
South Orange, NJ 07079
(610) 306-7568
Christina.mastropaolo@student.shu.edu

Appendix B: Scale Permission

9/12/2017

Gmail - LGB Affiliate Stigma Measure



Christina Mastropaolo <christinapolo7@gmail.com>

LGB Affiliate Stigma Measure

Matthew Robinson <matthewarobinson@gmail.com>
To: Christina Mastropaolo <christinapolo7@gmail.com>

Tue, Aug 15, 2017 at 11:38 AM

Christina,

Thanks for sharing! Feel free to modify as needed.

Best of luck!

Matt

Matthew A. Robinson, PhD
Staff Psychologist - McLean Hospital
Instructor - Harvard Medical School

McLean LEADER Program
115 Mill Street
Belmont, MA 02478

telephone: (617) 855-2304
pager: (617) 972-0080
fax: (617) 855-3470
email: mrobinson@mclean.harvard.edu
www.mcleanhospital.org

www.matthewarobinsonphd.com
practice telephone: (617) 826-9575

The information contained in this message is proprietary and/or confidential. If you are not the intended recipient, please: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately.

[Quoted text hidden]

Appendix C: Demographic Questionnaire

- 1.) What is your age?
- 2.) Is your son or daughter gay, lesbian, or bisexual?
 - a. Yes
 - b. No
- 3.) What is your sex?
 - a. Male
 - b. Female
 - c. Transgender male
 - d. Transgender female
- 4.) What best describes your sexual orientation?
 - a. Heterosexual
 - b. Homosexual
 - c. Bisexual
 - d. Uncertain/questioning
- 5.) Please select your race/ethnicity:
 - a. African American/Black
 - b. Asian American/Pacific Islander
 - c. Native American/Indigenous American
 - d. Hispanic/Latino/a
 - e. Bi/Multiracial
 - f. White/Caucasian
 - g. Other race/ethnicity (please specify): _____
- 6.) What is your religious affiliation?
 - a. Buddhist
 - b. Christian (please specify): _____
 - c. Hindu
 - d. Jewish
 - e. Muslim
 - f. Spiritual but not religious
 - g. Agnostic
 - h. Atheist
 - i. Other religion or belief system (please specify): _____
- 7.) Which of the following best describes your child?
 - a. Gay male
 - b. Lesbian female
 - c. Bisexual male
 - d. Bisexual female

- 8.) At approximately what age was your son or daughter when he/she disclosed his/her sexual orientation to you?
- 9.) For approximately how many years have you known about your son or daughter's sexual orientation?
- 10.) I believe that being gay, lesbian, or bisexual is most likely due to: (please select one choice only):
- a. A personal choice
 - b. Biological/genetic
 - c. A consequence of something that happened to my son or daughter growing up/environmentally (please explain): _____
- 11.) What best describes your political affiliation?
- a. Democrat/Liberal
 - b. Republican/Conservative
 - c. Moderate/ "In the middle"
 - d. Independent
- 12.) Are you affiliated with any LGB ally groups (e.g., PFLAG)? If so, please specify, including your level of involvement:
- a. No
 - b. Yes (please explain): _____

Appendix D: Experiences in Close Relationships Scale (ECR)**Experiences in Close Relationships Scale***Brennan, Clark, & Shaver (1998)*

The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it. Write the number in the space provided, using the following rating scale:

| | | | | | | |
|----------------------|---|---|-------------------|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree Strongly | | | Neutral/ Mixed | | | Agree Strongly |

- ___ 1. I prefer not to show a partner how I feel deep down.
- ___ 2. I worry about being abandoned.
- ___ 3. I am very comfortable being close to romantic partners.
- ___ 4. I worry a lot about my relationships.
- ___ 5. Just when my partner starts to get close to me I find myself pulling away.
- ___ 6. I worry that romantic partners won't care about me as much as I care about them.
- ___ 7. I get uncomfortable when a romantic partner wants to be very close.
- ___ 8. I worry a fair amount about losing my partner.
- ___ 9. I don't feel comfortable opening up to romantic partners.
- ___ 10. I often wish that my partner's feelings for me were as strong as my feelings for him/her.
- ___ 11. I want to get close to my partner, but I keep pulling back.
- ___ 12. I often want to merge completely with romantic partners, and this sometimes scares them away.
- ___ 13. I am nervous when partners get too close to me.
- ___ 14. I worry about being alone.
- ___ 15. I feel comfortable sharing my private thoughts and feelings with my partner.
- ___ 16. My desire to be very close sometimes scares people away.
- ___ 17. I try to avoid getting too close to my partner.
- ___ 18. I need a lot of reassurance that I am loved by my partner.
- ___ 19. I find it relatively easy to get close to my partner.
- ___ 20. Sometimes I feel that I force my partners to show more feeling, more commitment.
- ___ 21. I find it difficult to allow myself to depend on romantic partners.
- ___ 22. I do not often worry about being abandoned.
- ___ 23. I prefer not to be too close to romantic partners.
- ___ 24. If I can't get my partner to show interest in me, I get upset or angry.
- ___ 25. I tell my partner just about everything.
- ___ 26. I find that my partner(s) don't want to get as close as I would like.
- ___ 27. I usually discuss my problems and concerns with my partner.
- ___ 28. When I'm not involved in a relationship, I feel somewhat anxious and insecure.

- ___ 29. I feel comfortable depending on romantic partners.
- ___ 30. I get frustrated when my partner is not around as much as I would like.
- ___ 31. I don't mind asking romantic partners for comfort, advice, or help.
- ___ 32. I get frustrated if romantic partners are not available when I need them.
- ___ 33. It helps to turn to my romantic partner in times of need.
- ___ 34. When romantic partners disapprove of me, I feel really bad about myself.
- ___ 35. I turn to my partner for many things, including comfort and reassurance.
- ___ 36. I resent it when my partner spends time away from me.

Appendix E: Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM)LESBIAN GAY BISEXUAL AFFILIATE STIGMA MEASURE (LGB-ASM)
Robinson & Brewster (2016)

INSTRUCTIONS: Please indicate the extent to which you agree or disagree with the following statements using the scale below. Please respond to each item as honestly as possible. If an item does not apply to you (for example, “I am very careful who in my religious/spiritual community I tell about my family member or close friend being LGB” and you are not part of any religious or spiritual community) please select “Not Applicable.”

0 = Not Applicable 1 = Strongly Disagree 2 = Disagree 3 = Somewhat Disagree 4 = Somewhat Agree 5 = Agree 6 = Strongly Agree

1. I feel worse about myself because my son or daughter is LGB.
2. Work/school colleagues may discriminate against me because I have a son or daughter who is LGB.
3. I worry my son or daughter may be rejected for being LGB.
4. People from my religious/spiritual community may discriminate against me because I have a son or daughter who is LGB.
5. I worry about being rejected by work/school colleagues if they find out that my son or daughter is LGB.
6. I feel embarrassed that I have a son or daughter who is LGB.
7. I worry the stigma my LGB son or daughter faces will affect their physical health.
8. I worry about being rejected if people in my religious/spiritual community find out that my son or daughter is LGB.
9. I feel shame for my son or daughter being LGB.
10. I worry my son or daughter may be verbally harassed if others learn they are LGB.
11. People at work/school would look down on me if they knew my son or daughter is LGB.
12. Telling work/school colleagues my son or daughter is LGB is risky.
13. It bothers me that many things will be harder in life for my son or daughter because they are LGB.
14. I worry that my son or daughter might receive negative attention for being LGB.
15. Work/school colleagues' attitudes towards me may turn sour if they find out my son or daughter is LGB.
16. I worry that my LGB son or daughter might experience emotional pain from being stigmatized.
17. I worry that my son or daughter might be physically harmed for being LGB.