How Religion & Acceptance Affect Attachment: The Impact of Familial Factors on LGB Youth

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Abstract

Growing up a member of the lesbian, gay, and bisexual (LGB) community comes with its own distinct struggles. Whether it be attempting to integrate an LGB sexual identity with a religious identity, or coming out to friends and family members, there are multiple opportunities for an LGB individual to experience rejection. This rejection, or fear of potential rejection, can detrimentally impact someone's mental health. As LGB identities are becoming more accepted overall, LGB youth tend to come out earlier. As a result, the coming out experience often coincides with a particularly turbulent time in their social and emotional development. One might wonder, "How do familial factors such as religiosity or parental rejection impact an LGB individual, both socially and emotionally?" Within this literature review, the history of security and attachment theory is established as a foundation from which to explore these familial factors. Through this overarching lens of attachment theory, both religiosity and parental acceptance and/or rejection are examined as factors that may impact the attachment style of an LGB individual over time. Research revealed that LGB individuals are more insecurely attached than their heterosexual counterparts, and that acceptance from family of origin (i.e., parents/guardians) is a factor that can accurately predict future mental health outcomes. Gaps in the research regarding transgender and gender non-conforming individuals, as well as future directions, are discussed.

How Religion and Acceptance Affect Attachment:

The Impact of Familial Factors on LGB Youth

The number of people identifying as lesbian, gay, or bisexual (LGB) has been steadily increasing over the years, with estimates ranging from 5.2 million to 9.5 million adults. People who identify as LGB are a part of the larger LGBTQIA+ community. LGBTQIA+ is an acronym that serves as an umbrella term for several groups of individuals with minority identities relating to their sexual orientation or gender identity/expression. Lesbian, gay, bisexual, transgender, queer, intersex, and asexual all fit under this umbrella term (Johnson et al., 2019; Shelton, 2019). For the purposes of this literature review, the focus is placed on research that has been conducted on LGB individuals.

Among LGB individuals, one event that is fundamental to identity integration is the process of coming out (Rosati et al., 2020). When someone comes out, they are voluntarily disclosing their sexual or gender identity to another. If someone were to disclose the sexual or gender identity of an individual without their expressly given consent, that would be considered being "outed." Outing someone can be extremely detrimental, as it is an invasion and violation of their privacy. Someone who has been outed can feel blindsided and may be forced to disclose a personal part of their identity before they are fully ready to do so (Schwartz, 2014). Being outed could have several negative consequences for an LGB individual, leading to negative impacts on mental health, such as depression and suicide (Conan, 2010). This, and other aspects of LGB identity, can impact both the social and emotional development of an individual.

With the goal of better understanding that development, this literature review will dissect and elaborate on the question of how familial factors, such as parental acceptance and religiosity, impact the social and emotional development of LGB youth. This question will be analyzed through the overarching premise of attachment theory. Could the attachment style of an LGB individual change as they traverse the various stages of development? Does the attachment style of their parent(s)/guardian(s) impact the attachment style of the child themself? Can an LGB child who fears rejection from their parent(s) truly use them as a secure base/attachment figure? How does religion, and coming from a religious family, come into play?

Security Theory & Attachment Theory

William Blatz

The foundations of the framework that came to be called attachment theory lie in security theory and the work of William Blatz. According to Blatz, security is important in different spheres of a person's life, including parent-child relations, called familial intimacies (Blatz, 1944). Security, in this case, is defined by Blatz as "the state of consciousness which accompanies a willingness to accept the consequences of one's own decisions and actions;" this sense of security could also be experienced if someone is confident that someone else will accept the consequences for them (Blatz, 1944, p. 164).

Blatz considered the role of a stable mother figure as extremely important during the early years of one's development, especially if one is to have a healthy development. He considered using the mother as a secure base from which a child is supposed to explore as one of the most important ways to reach a state of independent security (van Rosmalen et al., 2016). Blatz concluded that, instead of attempting to measure security on a continuous scale, it would make more sense to identify different categories of security. These categories include independent security and immature, or infantile, dependent security. The goal of Blatz's security

theory is to explain how an organism - in this case, a child - must adapt to the changing environment around them (van Rosmalen et al., 2016).

The developmental course of security occurs in a series of steps, or phases. Children start off needing to depend on their parent(s); as they grow and begin to feel certain that their parent(s) are there for them no matter what, their dependence becomes secure. Once their dependence is secure, they will feel comfortable enough to go and explore their environment - using the parent as a secure base (van Rosmalen et al., 2016). The child will gain confidence through this exploration, and the continued development of this confidence will ideally result in development towards a state of independent security. Blatz later went on to state that independent security could never be completely achieved. Instead, the highest achievable goal that we could develop towards is a combination of independent security and adult or mature dependent security on friends and/or a partner (van Rosmalen et al., 2016).

Mary Ainsworth

One psychologist who drew inspiration from the work of Blatz is Mary Ainsworth. Ainsworth began as one of Blatz's students in the early 1930s, and eventually became a close colleague in the 1940s (van Rosmalen et al., 2016). Ainsworth began to lay the foundations for what eventually became attachment theory. The basic theme of attachment theory is that human infants need a consistent nurturing relationship with one or more sensitive caregivers to develop into healthy individuals (van Rosmalen et al., 2015). According to attachment theory, almost all children become attached, but the quality of their attachment relationship differs; it is also implied that insecure attachment may result in developmental problems. To assess attachment, Ainsworth created the Strange Situation Procedure (SSP) (van Rosmalen et al., 2015).

Ainsworth developed the SSP to assess and classify attachment security, and it takes place over a series of eight episodes. There are three main components of the SSP: (1) the strange environment, (2) the stranger, and (3) the separation from the caregiver. Across the duration of the procedure, the child is confronted with a strange environment and a strange individual while in the presence of their caregiver. The caregiver leaves the room, leaving the child alone with the strange individual. Over the next few episodes, the caregiver returns to the room, followed by the stranger leaving, eventually ending up with the child completely alone in the strange environment; the stranger then returns to the room, shortly followed by the child's caregiver (van Rosmalen et al., 2015). The components of the SSP create a stressful situation for the child, thereby prompting attachment behavior. Specifically, how the child approaches the caregiver at the reunion and their contact with the caregiver (or lack thereof) makes for how attachment is classified (van Rosmalen et al., 2015). According to Ainsworth, the attachment of an individual could either be classified as insecure-avoidant (A), secure (B), insecure-ambivalent (C), or disorganized (D) (Ainsworth et al., 1978).

Within the context of the SSP, securely attached infants actively seek attention from their mothers and can be consoled by the mother during the reunion episode. Insecure-avoidant, or anxious-avoidant, infants exhibit similar behaviors to that of securely attached infants, up until the point of separation. During the separation episode, the infants do not appear to be affected by their mother's departure, and during the reunion episode, they may protest her return by actively avoiding her. Insecure-ambivalent, or anxious-resistant, infants are distressed during the separation episode and are torn between the desire for proximity to their mother and the resistance to comfort during the reunion episode. Finally, disorganized infants have no standard

responses to the stress of the separation or during the reunion and exhibit unpredictable patterns of behavior (Flaherty & Sadler, 2011).

Ainsworth paid special attention to three aspects of the SSP. First, she wanted to look at how the child would use the mother as a secure base from which to explore their surroundings. Second, she wanted to see the child's response to a stranger, and finally, she wanted to look at the child's response to the mother's departure and return (van Rosmalen et al., 2015). According to Ainsworth, the child's use of their mother as a secure base is one of the most important criteria of a healthy attachment. She hoped that the SSP would provide evidence for the notion that insecurely attached children would show high levels of anxiety in a minor separation situation, while securely attached children would not demonstrate this anxiety. This procedure, while fundamental to the development of attachment theory, is rooted in Blatz's security theory (van Rosmalen et al., 2015).

John Bowlby

John Bowlby began his work in the 1930s, and his experiences with two young children at a school he worked at set the course of his career. One of the children was isolated and affectionless who had been expelled from his previous school for theft and lacked a stable mother figure, while the other was a child who was anxious and followed Bowlby around like a shadow (Bretherton, 1992). These experiences inspired Bowlby to go into child psychiatry, specifically focusing on development. Informed by his early work, Bowlby concluded that, to grow up mentally healthy, a young child should experience a warm, intimate, and continuous relationship with their mother (or parent/guardian) in which both parties find satisfaction and enjoyment (Bretherton, 1992).

Bowlby focused on infants and young children and their responses to separation from their mothers. He had identified three phases of separation response: (1) protest, which is related to separation anxiety, (2) despair, relating to grief and mourning, and (3) denial or detachment, relating to defense mechanisms (Bretherton, 1992). Bowlby claimed that infants and children experience separation anxiety when a situation activates both escape and attachment behavior but an attachment figure (the parent/guardian) is not available. In his view, excessive separation anxiety is due to adverse family experiences, such as repeated threats of abandonment or rejection by the parent(s)/guardian(s) (Bretherton, 1992).

Based on this, one could wonder if the coming out experience, or fear of coming out to one's family, could be a possible source of "separation anxiety," in a sense. Could this intense fear of possible rejection be a form of attachment-related anxiety, placing a strain on the child's ability to use their parent(s) as a secure base? Using this established background in attachment theory, this literature review will be analyzing aspects of familial factors - such as acceptance and religiosity - within this context in order to attempt to establish how the queer experience may impact the overall attachment of LGB youth. We will first begin with the aspect of acceptance (or rejection) from family of origin.

Parental Acceptance, Rejection, & Impacts on Mental Health Acceptance/Rejection from Family of Origin

Despite an increase in overall acceptance of LGB individuals over time, in 2015 an alarming 39% of Americans still reported that they would be upset if they were to find out that their child is gay or lesbian (Kibrik et al., 2019). Along with this finding, a relationship has been discovered between parental support, parental rejection, and mental health outcomes. Parental

support has been negatively associated with fear of disclosing sexual orientation and with suicidal ideation, while parental rejection has been positively associated with internalized homophobia and psychological distress. Those who have supportive parents are less likely to be afraid of disclosing their sexual orientation and less likely to have suicidal ideations, while those who have rejecting parents are more likely to experience internalized homophobia and psychological distress. Perceived sexual orientation-specific parental rejection during adolescence has been associated with higher levels of depressive symptoms and suicidal ideation during young adulthood (Kibrik et al., 2019).

LGB adolescents are influenced by family processes in the same ways that all adolescents experience. However, there are also unique family experiences related to their sexual and gender identities, such as coming out, that may have positive or negative effects on their health and well-being (Kibrik et al., 2019). The expectations of stressful life events such as coming out may lead to the internalization of negative social attitudes - such as internalized homophobia - and the concealment of one's sexual orientation, leading to possible future mental health concerns (Cook & Calebs, 2016). This can be evaluated through a concept called the minority stress model. The minority stress model is a framework that states sexual minority individuals face unique and hostile stressors related to their sexual minority identity. According to the minority stress model, discriminatory events will only increase the expectation that similar events will occur in the future (Johnson et al., 2019).

When it comes to parental acceptance of a child, the level of acceptance may change depending on multiple factors. For example, parental acceptance may be influenced not only by the stage of life that the child is in (i.e. early childhood, puberty) but also by the amount of time

that the parent(s) has known that their child is LGB (Rosenkrantz, 2018). In today's day and age, LGB individuals tend to come out earlier in life than they have previously. Since 2000, the average age of coming out has shifted from 16 to around 14 years old. This has led to the coming out process often occurring during a developmental period that is characterized by strong peer influence and opinion, leading to the increased likelihood of facing peer victimization when they do come out (Russel et al., 2016). We now live in a time where it is overall more socially acceptable to identify as LGB, but this then leads to adolescents coming out during an already turbulent time in their development.

Oftentimes, parents may be simply unaware of the negative impacts that their rejecting behaviors have on their children - including behaviors that may even be well-intentioned. For example, some parents may encourage their gender-nonconforming children to act more gender-typical to protect them from potential harm. While the intentions behind this behavior have what the parent(s) believe to be the child's best interest at heart, they can be detrimental. This is an example of psychological control - attempts to coerce a child into thinking, feeling, or behaving in a certain way. Psychological control can be exhibited through invalidation of an LGB child's identity and is positively correlated with psychological symptoms (Bebes et al., 2015). While this behavior is well-intentioned on the part of the parent, it is portrayed to the child as a dismissal of their identity. Behaviors like this may compound on each other, leading to the youth feeling more and more rejected by their parents.

Mediation From Chosen/Found Families

Youth with highly rejecting families are often forced to leave their homes, leading to the overrepresentation of LGB individuals in the homeless youth population (Newcomb et al., 2019).

In this case, an LGB individual may seek to find alternative sources of acceptance. One such source of acceptance could be found through a chosen or found family - a group of people composed of individuals outside the biological family unit with whom LGB people develop close, supportive relationships as attempted replacements for their families of origin (Milton & Knutson, 2021). These chosen families can be composed of many different types of individuals and may help to fill the void left behind by a rejecting biological family.

One might think that, having built a chosen family of individuals who share a similar identity to you, you would be able to mitigate the negative effects of rejection by the family of origin. However, that may not necessarily be the case. Chosen family support has been negatively related to psychological distress, but positively related to well-being. This suggests that building a supportive chosen family may be helpful for those in the LGB community (Cassidy, 2020). However, research looking at the impacts of family of origin compared to chosen family found that family of origin is the only significant predictor of depression levels (Milton & Knutson, 2021). Even if someone who has been rejected by their family of origin builds a supportive chosen family, they may still experience harmful impacts from the rejection of their families of origin (Cassidy, 2020).

Familial Religiosity & How It Impacts Acceptance

Religiosity is defined as the degree to which an individual holds religious beliefs, worldviews, and enacts them in their day-to-day life; it consists of both external signs of religiosity, such as attending worship services, and private methods of religiosity, such as private prayer (Macbeth et al., 2021). In most cases, religion becomes a family affair - if your parents are religious, then you are born into their religion. Research has shown that religious people tend to

be happier compared to their nonreligious counterparts, but this is not the case for many LGB individuals. In comparison to their heterosexual counterparts, LGB individuals who were raised in a religious context report more suicidal thoughts and attempts, as well as increased rates of depression, alcohol use, and substance use (Macbeth et al., 2021). While religion can be a positive influence on some, it seems to be that for LGB individuals, it has the opposite effects. This may be due to the stigma that surrounds being a member of the LGBTQIA+ community within a religious context. Previous research has shown that fundamentalist religious teachings - such as the teaching that homosexuality is inherently sinful - can create a stigmatizing household environment in which many LGB individuals have to grow up (Sherkat, 2002).

Even if the child themself does not identify as religious, growing up in a religious family can be enough to negatively impact the child. Research has shown that there is a positive relationship between perceived parental religiosity, perceived familial stigma, depression, and drug use. The perceived familial stigma of sexuality fully mediates the link between perceived parental religiosity and both depression and cannabis use. Essentially, the more religious an LGB individual perceives their family to be, the more they would perceive their family to have a stigma against non-heterosexual sexualities. This increased perception of familial stigma would then lead to an increase in depression and cannabis use (Macbeth et al., 2021). This fear of stigma is well-founded, as research has shown that religiously conservative families were least likely to accept their LGB children (Ryan et al., 2020). Whether or not the individual's family possesses a stigma surrounding sexuality is not the relevant factor - the mere perception that the stigma could exist is enough to lead an LGB individual to feel stigmatized.

Religion-Based Rejection

Religious individuals may genuinely possess the belief that being LGB is wrong or a sin. If one of these individuals is a parent to an LGB child, and their child decides to come out to them, they may become concerned and exhibit rejecting behaviors. These rejecting behaviors can result from the belief that one's sexual identity can be changed and may look like excluding them from family events or using religions to prevent or change their sexual orientation (Ryan et al., 2020). Previous research has found that sexual orientation change efforts (SOCE) - attempts to change sexual orientation through methods such as conversion therapy or speaking with a religious leader - are more likely to be experienced by individuals who grew up in religious families (Ryan et al., 2020).

Attempts to change sexual orientation during adolescence are associated with increased depressive symptoms and suicidal behavior into adulthood. Family religiosity has been strongly linked to parental attempts to change sexual orientation; this may be due to the fact that religiously conservative families are often exposed to misinformation regarding sexual orientation and gender identity (Ryan et al., 2020). If more religious individuals are educated on the truths surrounding sexual identity, then we may expect to see a decrease in parental attempts to alter sexuality over time.

Religious Fundamentalism & Geographic Location

A relationship has also been discovered between religious fundamentalism and parental acceptance. Religious fundamentalism is the belief that there is one set of religious teachings that contains the fundamental truth about humanity and deity (Rosenkrantz et al., 2020). To extremely religious individuals, it may be deeply important to them that they adhere to these fundamental beliefs and teachings. This, therefore, could lead to significant difficulty when it

comes to accepting an LGB individual's identity, especially if it is their child. Research has shown that lower levels of religious fundamentalism are significantly associated with higher levels of parental acceptance (Rosenkrantz et al., 2020). The less central these fundamentalist religious beliefs are to an individual, the more likely they are to accept their child if they were to disclose an LGB identity.

Increased religiosity, as well as geographic location, is often associated with negative attitudes toward LGB individuals. This is believed to be especially true for those who live in the American south and/or rural areas (Prairie et al., 2019). For example, lawmakers in the state of Florida are attempting to pass the "Don't Say Gay" bill; this legislation would ban LGBTQIA+ discussions in schools (Cohen, 2022). Stigma surrounding and impacting sexual and gender minorities in the USA is persistent, despite growing acceptance and improvements in public attitudes (Drabble et al., 2019). LGB individuals living in rural areas tend to report bleak social climates; this may be the case because individuals living in rural areas tend to adhere to conservative gender and sexuality binaries more often than their urban living counterparts. This stigma surrounding LGB individuals can lead to health disparities by increasing stress and by impeding access to resources such as affirming healthcare (Drabble et al., 2019). On the other hand, individuals living in more urban areas have increased opportunities for interpersonal connections since LGB individuals tend to live more prevalently in urban areas (Prairie et al., 2019).

Recent research intended to investigate whether there was support for the hypothesis that geographic location affected attitudes or beliefs toward LGB individuals. While these studies were unable to reliably replicate results that would support this hypothesis, it is important to note

that research findings have been varied in determining the extent to which negative attitudes and beliefs are influenced by geographic location. In terms of religiosity, however, it was found that in the field of medicine, a physician's religious beliefs affect their attitudes towards LGB individuals (Drabble et al., 2019). This is detrimental to LGB individuals because it could prevent them from receiving adequate medical care or affirming healthcare.

Integration of an LGB Identity & Religious Identity

When it comes to the integration of an LGB identity, individuals often struggle to integrate it within the context of a preexisting religious identity. When a religious individual comes to the conclusion that they are LGB, or begins to question their sexuality, they may attempt to deny or compartmentalize the LGB identity. However, findings have shown that attempts to deny or compartmentalize one's sexual identity are unsustainable and yield significant psychosocial costs (Hyatt, 2019). Attempting to deny one's sexual orientation due to religious beliefs could result in more negative mental health outcomes. An ideal experience would result in the integration of both the sexual and religious identities. However, more often than not the outcome results in the complete rejection of the religious identity (Hyatt, 2019).

In the end, individuals may suffer psychologically if they remain a part of a religion that ultimately doesn't accept their sexual identity and would attempt to force them to deny it outright (Hyatt, 2019). This would result in the loss of religious or spiritual (R/S) identity, and this loss can be a significant development in an individual's life (Wood & Conley, 2014). For many marginalized populations, such as those who identify as being LGB, relationships with mainstream religious institutions can be unstable. If a religious or spiritual leader teaches LGB

individuals that their sexual identity and religious identities are mutually exclusive, then LGB individuals are being set up to experience religious struggles (Wood & Conley, 2014).

Attachment Styles of LGB Individuals (& Their Parents)

The importance of parent-adolescent relationships cannot be understated when it comes to the attachment and development of an individual. These relationships shape, for better or worse, how adolescents navigate their journey into early adulthood. In fact, these relationships may be even more important to sexual and gender minority youth, as their identities are developing in a highly heteronormative world during a developmental period in which their cognitive and emotional abilities are constantly growing (Mills-Koonce et al., 2018). This connection between parent-adolescent relationships can be better understood through the process of coming out.

The Process of Coming Out

The experience of coming out or, conversely, repressing or withholding their sexual or gender identity from others, can be an extremely stressful period of an LGB individual's young life as they are confronted daily by a heteronormative society. At the time of sexual/gender identity disclosure to the parent(s), it can be met with either positive, negative, or delayed reactions which can have immediate and ongoing effects on the individual coming out (Mills-Koonce et al., 2018). At the time of identity disclosure, the child may be met with immediate acceptance, immediate rejection, or a delayed response from their parents, each of which can impact the child differently and may vary between parents. For example, a child who comes out may be met with acceptance from their mother, but their father may not be accepting. This clash between parental responses can create not only strain on the relationship of the father

and child but the family as a whole, with the child left feeling a sense of responsibility for it all. Experiencing rejection at this level can be especially detrimental to the child because it is a rejection of who they are, not just a reprimand about something they had done (Mills-Koonce et al., 2018).

Studies show that LGB youth with prior positive relationships with their parent(s) come out sooner than those with prior negative relationships with their parent(s) (Mills-Koonce et al., 2018). Children who fear rejection from their parents may delay coming out, but this too comes with its own set of potential dangers. A child may fear rejection based on prior knowledge of their parents' attitudes towards LGB individuals or may simply fear the unpredictability that comes with divulging an aspect of your identity, that is out of their control, to their parent(s) (Mills-Koonce et al., 2018). This fear may limit the child's ability to use their parents as a source of support and comfort during a stage of their development where their identity is extremely fragile. "From an attachment perspective, one must wonder if it is possible for a child who fears parental rejection of their sexual or gender identity to ever utilize that parent as a supportive and reliable attachment figure" (Mills-Koonce et al., 2018). Because of all of the unknowns that come with the coming out experience, LGB youth who are closeted may not be able to truly access their parents as a secure base of attachment.

Mental Health & Attachment

When looking at the mental health of the LGB and heterosexual participants, research has found that LGB individuals are more prone to negative mental health outcomes, such as depression, attributable mainly to attachment style. These findings support previous literature which has identified that the attachment style developed during early life as being important for

the normal cognitive and emotional growth of the individual (Popa-Velea et al., 2019). Comparing LGB individuals to their heterosexual counterparts, it becomes clear that there are differences in the prevalence of attachment styles. Research involving Romanian LGB youths (over the age of 18) has found that, when comparing heterosexual individuals to those who identify as LGB, the most prevalent attachment style among LGB individuals is fearful-avoidant, while the majority of heterosexual individuals are securely attached. From most to least prevalent, the ranking for LGB individuals is (1) fearful-avoidant, (2) fearful-dismissive, (3) secure, and (4) anxious; the ranking for heterosexual individuals, from most to least prevalent, is (1) secure, (2) fearful-avoidant, (3) fearful-dismissive, and (4) anxious (Popa-Velea et al., 2019).

Moreover, the attachment style of the parent(s) may influence parenting behaviors, which could in turn impact the attachment styles of their children. Parental attachment styles have important implications for a variety of parenting behaviors. Research has shown that attachment-related avoidance, as well as parental insecurity, are associated with less responsive and supportive parenting behaviors (Jones et al., 2015). If a parent has an insecure attachment style, this not only relates to their behavior toward their child but also influences how their child behaves in interactions with them. Both avoidant and anxious attachment styles in parents were related to greater parenting stress in both mothers and fathers (Jones et al., 2015). Meta-analyses have shown that parenting behavior accounts for about one-third of the variance in attachment security or disorganization (Gervai, 2009).

These parenting behaviors may result in either parental acceptance or parental rejection.

Parental acceptance - the warmth, affection, care, comfort, concern, nurturance, support, or simply love that children can experience from their parents - can be a protective factor for sexual

and gender minority youth. Parental rejection - the absence or significant withdrawal of these feelings and behaviors, and the presence of a variety of physically and psychologically harmful behaviors and emotions - can increase the risk for psychopathological development (Mills-Koonce et al., 2018; Rosenkrantz et al., 2020). Experiencing acceptance or rejection from one's parent(s) can have drastically different impacts on the individual's mental health.

Limitations in the Research

It is important to note some limitations that come with research on the LGBTQIA+ community. Due to stigma, there is a history of LGBT individuals being excluded from psychological research (Meyer, 2003). These complications began with the debate surrounding the classification of homosexuality - sexual attraction to members of an individual's own sex - as a mental disorder during the 1960s and early 1970s. Although homosexuality has been removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM), this heritage has tainted the discussion on LGBT individuals in research, specifically regarding their mental health (Meyer, 2003). There is even less empirical research on the mental health of transgender and gender-nonconforming individuals (Russel et al., 2016). Not only do we have to overcome the stigma surrounding the LGBT community, but we must also understand that it can be difficult to conduct research with LGBT individuals safely and confidentially.

In order to avoid "outing" someone - revealing their sexual or gender identity without their consent - participants' identities need to remain confidential. This can be more easily achieved with adults, since they can give their own informed consent to participate, but a problem arises when it comes to involving minors in research. To involve minors in research, we would need to receive informed consent from their parent(s) on behalf of the child. This would

involve revealing the nature of the study to the child's parent(s). If the child is not already out to their parent(s), this could potentially put the child in jeopardy of being outed. One possible way to get around this issue is to conduct longitudinal studies, in which populations of children will be included and followed up on throughout their life. This way, people can be included who later in life may realize that they identify as LGB, without the risk of being outed before they are prepared to come out on their own.

Gaps in the Research

After delving through the current research, it is clear that there is a vast majority of the LGBTQIA+ community that is not represented. In particular, there is less research on transgender and gender diverse youth than on LGB youth, and the intersection of sexual orientation and gender identity has not been well studied (Johnson et al., 2019). Not only are LGBTQIA+ individuals underrepresented in the literature, but they are also underrepresented in STEM/research fields themselves (Carter, 2018). Many LGBTQIA+ researchers fear coming out to colleagues due to the judgment they may face, which could potentially affect their chances for grant funding and tenure. LGBTQIA+ students can experience hostile environments in STEM programs as well (Carter, 2018).

The stigma surrounding being LGBTQIA+ is a vicious cycle. If an individual is too afraid to come out during their young life due to potential backlash, this may lead to them remaining closeted during their academic career. If we work to normalize/destigmatize LGBTQIA+ individuals in STEM, then this may in turn encourage researchers to pursue studies involving LGBTQIA+ individuals. According to a study published in 2015, LGBTQIA+ scientists are beginning to feel more accepted in their fields (Carter, 2018). As this acceptance

continues to grow, we should begin to see more and more LGBTQIA+ individuals being included in - and the focus of - experiments and studies.

Future Directions

Now that we've gone through the existing research regarding LGB individuals, one might be wondering what is next? In general, the development of an LGB individual's attachment style is an avenue that needs exploring. The research has shown that LGB individuals are more insecurely attached than their heterosexual counterparts, however, one could make the argument that this has nothing to do with their sexual identity (Popa-Velea et al., 2019). Perhaps these individuals simply developed an insecure attachment style when they were young, and just so happened to also identify as LGB. In order to determine if this is the case, or if identifying as LGB led to an event(s) that may actually negatively impact attachment style, more research needs to be done.

Due to the sensitive nature of including children in research, this would need to be done with a large sample longitudinal study. Ainsworth's SSP could be conducted at the beginning of the study to determine attachment style, and then later in life, the sample can be evaluated for attachment style via questionnaires such as the Adult Attachment Scale (Collins & Read, 1990). Qualitative measures could also be included via an interview with the participants. Participants who do end up identifying as LGB can be asked about their coming out experience, and the supportiveness and/or religiosity of their family. This research is time-consuming, but it is the only way to ensure the privacy and safety of all participants.

Another possible area of future research involves whether or not closeted LGB individuals - those who have not come out to their parent(s) about their sexual identity - can truly

use their parent(s) as a secure base of attachment. According to attachment theory, a secure base is someone whom an individual can feel safe to explore from and use as a safe haven to which they can return for reassurance (Bretherton, 1992). If a child feels securely attached to their parent(s), they feel able to seek comfort from, and be comforted by, them in the face of negative situations (Mills-Koonce et al., 2018). However, what would be the case if the child fears rejection from their parent(s) if they were to come out to them? Even though the relationship may seem superficially secure, underlying feelings may prove otherwise. To date, there is no empirical research on this topic (Mills-Koonce et al., 2018).

Previous research has shown that there may be a relationship between which parent an individual comes out to first and engagement with the LGB child. In instances where there are two parents present in a household, there tend to be differences between the parents in levels of acceptance (Newcomb et al., 2019). Evidence suggests that LGB children who do come out to their parents tend to come out to their mothers before their fathers and that mothers tend to be more engaged with their LGB children (Newcomb et al., 2019). Research could investigate what specific factors lead to children coming out to mothers more often than before fathers - could it be linked to personality traits of the parent, or could something as simple as the gender of the parent have an impact? If so, what does this mean for our understanding of the coming out process?

This research could help us to better understand how possible family-based interventions for adolescents could positively impact LGB children. Family-based interventions are found to be effective in preventing and reducing problem behaviors in presumably heterosexual individuals (Newcomb et al., 2019). To date, there are no studies on family-based interventions

based on sexual orientation to observe potential differing effects between LGB individuals and their heterosexual counterparts. Evidence suggests that parents want support and guidance when it comes to a child coming out and in addressing their health. Supporting and educating families of LGB individuals through these family-based interventions could lead to an increase in overall parental acceptance of the child (Newcomb et al., 2019).

Conclusion

How do familial factors, such as parental acceptance and religiosity, impact the social and emotional development of LGB youth? Throughout this literature review, we have uncovered evidence that indicates the realization of an LGB identity can drastically impact the mental health and wellbeing of an individual. Through the coming out process and beyond, the responses that an LGB individual is met with can shape, for better or worse, their relationships and how they interact with others. From parental acceptance or rejection, to how familial religiosity (or a religious identity of their own) can impact acceptance, we can evaluate how these factors may have an impact on the attachment style of an individual from childhood into adulthood.

Attachment theory provides us with a lens through which we can analyze aspects of everyday family dynamics that have the potential to positively, or negatively, affect the social and emotional development of an LGB adolescent. Religiosity, both of the LGB individual and their family, has the opportunity to negatively impact their feelings of validation in their identity. This, in turn, can impact how the LGB individual is perceived by their family, determining whether or not they are accepted for their sexual or gender identity. This acceptance or rejection, or the perceived notion of possible acceptance or rejection, can be detrimental when it comes to

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the attachment style of the adolescent and their ability to use their parents as secure bases of attachment. Further research is needed to better understand just how these factors are impacting the social and emotional health and development of LGBT adolescents.

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