AN EXPLORATION OF EARLY CHILDHOOD ATTACHMENT IN A SAMPLE OF CHRISTIAN MEN EXPERIENCING SAME-SEX ATTRACTION

by

Ann E. Gillies

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

Liberty University

November, 2013

© Ann E. Gillies, November 2013

All Rights Reserved

AN EXPLORATION OF EARLY CHILDHOOD ATTACHMENT IN A SAMPLE OF CHRISTIAN MEN EXPERIENCING SAME-SEX ATTRACTION

A Dissertation Proposal

Submitted to the
Faculty of Liberty University
In partial fulfillment of
The requirements for the degree of
Doctor of Philosophy

by

Ann E. Gillies

November, 2013

Liberty University, Lynchburg, Virginia

November, 2013

Dissertation Committee Approval:

_____
Lisa Sosin, Ph.D., Chair date

_____
Gary Sibcy, Ph.D., Member date

_____
Aubrey Coy, Ph.D., Member date

ABSTRACT

AN EXPLORATION OF EARLY CHILDHOOD ATTACHMENT IN A SAMPLE OF CHRISTIAN MEN EXPERIENCING SAME-SEX ATTRACTION

Ann E. Gillies

Center for Counseling and Family Studies

Doctor of Philosophy in Counseling

The purpose of the study was to describe the attachment histories of these men in an attempt to hear the lived experiences from the voices of the men themselves. The Adult Attachment Interview (AAI) was utilized, followed by several in-depth questions. A phenomenological analysis of the transcripts revealed several themes.

The AAI themes were identified as Insecure attachment: (a) Unresolved/disorganized (U/d) due to loss; (b) Passively Preoccupied (E) with a rejecting/neglecting father and an involving/rejecting mother. Secondary themes of abuse and peer rejection were also identified. The themes of a neglecting father and overinvolved mother were collaborated in the in-depth interview as well. God attachment was shown to be extremely significant in the lives of each of these men.

The implications of these findings for counselling practice with this population, includes the need for skilled Christian counsellors who are sensitive to not only the lived experiences of such men, but also their deep need for intimacy with God.

ACKNOWLEDGEMENTS

My heartfelt thanks goes first of all to my wonderful husband, Bob, who has stood beside me on this dissertation process, encouraging and sacrificing in order to allow me to complete this journey and to our children, David, Melissa, Jonathan, Mallory, Steven and Matthew for your patience along the way.

To my pastor and mentor, Rev. Don Prince, who has guided gently and pushed with kindness. I would never have attempted the journey of higher education without you.

To my friend and editor, Rev. Garth McMillan, who never gave up on the idea that I should do this work and diligently reminded me that I was called complete my education. Your encouragement and excitement was contagious.

To my dissertation committee, Dr. Sosin, Dr. Sibcy and Dr. Coy, thank you for your wisdom, support and encouragement. Dr. Sosin, you have gone far above the call of duty as you diligently challenged me to work to my highest potential and encouraged my progress.

To my participants, who willing agreed to open their lives by revisiting painful experiences, speaking so eloquently of their deep relationship with God who has brought them through the storms. Your faith and strength is an example to many.

My final thanks goes to the creator of all, who is the 'author and finisher' of our faith and to whom we owe our very breath.

TABLE OF CONTENTS

Page

Abstract…… iv

Acknowledgements…….. v

Preface……. vi

List of Tables……vii

List of Figures……..viii

CHAPTER ONE: INTRODUCTION

The Purpose of the Study……...1

Same-Sex Attraction……..2

Attachment Theory……4

Research Questions……5

Defining the Inquiry……...6

Same-Sex Attraction……..7

Conservation Christian……..9

Development of SSA…….11

Phenomenological Research……..13

Locating Myself as a Researcher……...14

The Researcher's Professional experience……15

The Researcher's Personal experience……...……...15

Fitting it Together……..16

Summary……17

CHAPTER TWO: EXPLORING THE LITERATURE

Christian Thought and Same-sex Attraction……..18

A Proposed Model…….....19

Attachment Theory Overview……...19

Attachment Theory Overview……...20

Attachment Assessments……...27

Same-Sex Attraction (SSA)……..36

Same Sex Attraction Development……...38

Childhood Sexual Abuse……...41

Parental Relationships……...45

Gender Polarization……...46

Genetics…….....49

Maternal Stress…….....49

A 'Gay Gene'……50

Equifinality……....51

Prevalence…….52

Studies in Adult Attachment and Sexuality……..55

A Synthesis of the Literature…….....57

CHAPTER THREE: RESEARCH METHODS

Introduction/Overview…….59

Phenomenological Research……59

Research Design…….....59

The Research Questions…….....61

Criteria for Participation……..63

The Sample……..64

Methods of Data Collection…….....64

Protection of Participants…….....65

During the Interview……..…..65

Data Protection……66

Data Storage……67

Data Collection……...…...67

Data Analysis and Synthesis…….69

Summary…….....70

CHAPTER FOUR: FINDINGS

Introduction……71

Adult Attachment Inventory Coding Overview……..72

The Research Participants as a Group…….75

The Research Participants as Individuals……76

Introducing the Participants…….....77

Mark……78

Samuel…….78

Jacob…….....79

Isaiah……...80

Joseph……..80

Luke……81

Amos……...81

Participant Themes……..82

State of Mind with Regard to Attachment……..83

Insecure Attachment (AAI code E general – preoccupied with attachment)…. ……83

AAI Sub-Categories……85

Secure-Autonomous Attachment (AAI code F)……..89

Disorganized States of Mind……...91

Unresolved/Disorganized State of Mind due Loss through Death…….……91

Unresolved/Disorganized State of Mind due to Abuse……..93

Inferred Parental Behavior…….96

Father Neglecting/Rejecting…….…….96

Mother Involving/Rejecting……..99

Emergent Themes Identified in the In-Depth Interview……..103

Same-Sex Attraction……103

Thoughts and Experience…….104

Relationships and the Development of SSA……106

Relationship with God…….109

Intrinsic God Relationship……...110

Extrinsic God Relationship…… .111

The Influence of Close Relationships on Christian Experience……..112

The Interaction between Faith and SSA……..114

Summary of the In-Depth Interview...……..…116

Peer Rejection/Gender Polarization……117

Final Deductions……120

Summary……122

CHAPTER FIVE: DISCUSSION

Exploring the Findings in Light of Previous Literature……....125

Research Question One……126

Question One – Finding One: Insecure Attachment (AAI category E)……126

Sub-Category: E1 – Passive……..127

Sub-Category: E3 – Fearfully Preoccupied by Traumatic Events……127

Question One: Finding Two: The Parental Dyad – Neglecting and/or Rejecting Fathers;

Involving or Rejecting Mothers……128

Question One: Finding Three: Unresolved/disorganized State of Mind with Respect to Attachment……128

U/d Loss……129

U/d Abuse……129

Research Question Two……132

Question Two: Finding One: Described Attachment – the Parental Dyad……132

Research Question Three……..137

Question Three – Finding One: The God Factor……137

Question Three – Finding Two: Early Relationship Attachment and SSA……138

Question Three – Finding Three: Gender Non-conformity/polarization…….139

Research Question Four……141

Comparisons……142

Contrasts……...144

Summary of Implications……..145

Multiple Interconnections…….145

Equifinality……145

Recommendations for Further Research……...149

Considerations for Therapists……150

Locating the Researcher in Reference to the Findings……..151

Conclusion…….152

Summary……153

REFERENCES……..154

Appendixes

Appendix A: Informed Consent……176

Appendix B: Demographic Data……...178

Appendix C: Apostle's Creed……180

Appendix D: Interview Protocol……181

Appendix E: In-Depth Interview……182

Appendix F: Adult Attachment Interview Protocol…….....183

Appendix G: AAI Analysis Matrix……197

List of Tables

Table 2.1: Ainsworth Strange Situation…….21

Table 2.2: The Arousal-Relaxation Cycle…….24

Table 2.3: The Disturbed Cycle ……....24

Table 2.4: Expected Conjunction between Infant and Adult Organized States and Sub-Classifications…….31

Table 2.5: Cohen's Multiple Influences…….54

Table 4.1: Participant Demographics…….82

Table 4.2: Sexual Orientation Grid…….....82

Table 4.4: Summary of the AAI Inferred Parental Behavior in Childhood……..102

Table 4.5: Major AAI Themes……..103

Table 4.6: In-Depth Interview Analysis with Research Questions……119

Table 4.7: In-Depth Interview Themes……..119

Table 4.8: Comparing and Contrasting the AAI with the In-Depth Interview……..122

Table 5.1: Organized State of Mind……...127

Table 5.2: Consistency of Findings, Interpretations, and Conclusions……..135

List of Figures

Figure 4.1: Four Category Classification of AAIs of Christian Men Experiencing Same-Sex Attraction……85

Figure 4:2 Intersecting Themes from the AAI and In-Depth Interviews……125

Figure 5:1 Codeable Differences in State of Mind with Regard to Attachment……..136

Figure 5:2 Participant's Descriptions of Attachment……...140

Figure 5:3 The Impact of Early Relationships on Faith and SSA……....146

Figure 5:4 Equifinality……151

CHAPTER 1: INTRODUCTION

Heredity proposes…development disposes. (Medawar, 1967)

Discussions and research on the topic of same-sex attraction (SSA) have tended to be long and varied, falling consistently on either one side of the 'homosexuality debate' or the other. Researchers favoring a biological/genetic explanation of causality are most often opposed to researchers favoring environmental influences. The gulf between seems enormous and unbridgeable. Indeed, for the Christian, the impasse seems unavoidable. Perhaps as many have suggested in the past (Jones & Yarhouse, 2007; Nicolosi, 2009; Yarhouse & Burkett, 2002) there is more to this story.

This dissertation seeks to allow several Christian men who experience same-sex attraction, to tell their story and to be 'heard' in a non-judgmental, ethical and empirically sound manner. Giving life to their stories can provide insight for clinicians and possibly identify subsequent themes in early attachment.

The Purpose of the Study

The purpose of this study is to describe the attachment histories of Christian men experiencing same-sex attraction and who are currently attending, or have previously attended counseling for same-sex attraction difficulties. This study will attempt to 'hear' the lived experiences from the voices of the men themselves, as each one is interviewed in an audio taped session, which is then transcribed verbatim. The Adult Attachment Interview (Appendix F),

which contains 20 questions focusing on early childhood experiences; loss and trauma (Crowell & Treboux, 1995; Hesse, 2008; Main, Kaplin, & Cassidy, 1985; Main, 2000; Steele & Steele, 2008) will be used along with in-depth phenomenological questions.

Current literature has not been found that addresses same-sex attraction using the Adult Attachment Inventory in the manner of the present study. This study could lead to continued studies exploring SSA and attachment histories.

Same-sex attraction (SSA)

While some same-sex attracted men are seemingly resolved and happy in their identity, some continue to struggle with accepting their orientation, while others have sought therapy, seeking a change in either their orientation and/or their sexual desire (Sibcy, 2010). This study does not attempt to resolve the dispute regarding change theories or reparative therapies; rather it looks for themes in attachment, reflected in early childhood experience, in order to understand attachment histories of Christian men experiencing same-sex attraction for the purpose of contributing to SSA research.

SSA treatment usually takes one of two forms: Gay integrative approaches or reparative (sometimes called conversion or reorientation) therapy for clients with sexual identity concerns. Gay integrative therapy values homosexuality and heterosexuality equally as natural and normal (House & Holloway, 1992), and specifically facilitates the integration of same-sex attraction into a lesbian, gay, bisexual (LGB) identity synthesis (Liszcz & Yarhouse, 2005). Reparative therapy is based on a developmental view that the homosexual condition is the result of incomplete gender-identity development arising from environmental origins (Nicolosi, 2009).

From a professional ethics perspective, gay-integrative therapy has recently been acknowledged as inappropriate for some people who experience SSA (Haldeman, 2002; Yarhouse, 1998). A conservative Christian, for example, might not find gay integrative treatment appropriate if it conflicts with his/her religious beliefs and values and may seek out a therapist who provides reorientation therapy. This therapeutic method is based on psychodynamic or other depth psychology approaches or behavior therapy (e.g. Nicolosi, 1991) and suggests that sexual orientation, identity or attraction can be limited and possibly changed (Dallas & Heche, 2010; Hallman, 2008; Nicolosi, 2009; Rosik, 2003; Satinover, 1996).

A third and more recent trend in service delivery seeks to move beyond reorientation and gay integrative therapy toward a model of sexual identity synthesis (Beckstead & Morrow, 2004; Yarhouse & Tan, 2004). This approach focuses on helping the client identify him or herself publicly and privately in ways that are consistent with their beliefs and values about human sexuality and sexual behavior (Liszcz & Yarhouse, 2005). This study may add to each of these three treatment modalities, but perhaps most effectively to the depth therapy models.

There were few studies found directly connecting attachment histories utilizing the Adult Attachment Inventory and SSA, although Bowlby, in his signature book, Attachment and Loss (1969), does indicate that there are sensitive periods for the development of sexual preference. Bowlby also specifies that once a preferred class of sexual object has been established, a shift of class is not usual (Bowlby, 1969) (see also, Bell, Weinberg & Hammersmith, 1981; Karen, 1994; Schore, 2003; Sroufe, England, Carlson & Collins, 2005; Savin-Williams & Ream, 2007). Benchmarks in same-sex attraction development among males include: first awareness of same-sex sexuality (ages 9-11 years), followed by same-sex behavior (ages 13-15 years), labeling

(ages 14-16 years) and first disclosure of identity (ages 16-17 years) (Savin-Williams & Diamond, 2000).

Although a 'shift of class' in sexual orientation may not be usual, empirical support exists for change of sexual behavior through professional (Freeman & Meyer, 1975; Schwartz & Masters, 1984) and paraprofessional interventions (Nicolosi, Byrd & Potts, 2000; Spitzer, 2001), and most experts in this area acknowledge that clients can refrain from sexual behavior, whether with the same or opposite sex (Liszcz & Yarhouse, 2005). Evidence to support sexual orientation stability among non-heterosexuals is surprisingly meager (Savin-Williams & Ream, 2007).

Support for the instability of sexual orientation is far more prevalent in both adult and adolescent populations. In a New Zealand Study over two time periods, Dickson, Paul, & Herbison (2003) indicated that one half of female and one third of male 21 year olds with occasional same-sex attraction only had opposite sex attraction at 26 years old. Sandfort (1997) reported that among the 14% of Dutch adult males who ever indicated having physical attraction for other males, most reported that these feelings disappeared in later life.

Attachment Theory

An overview of attachment theory is essential to inform the reader of the underlying theory being used in this study and the foundation upon which the Adult Attachment Interview is built upon. Bowlby (1969) suggested that internal working models are dynamic mental processes that influence an individual's affect, behavior and perceptions of the self, others and relationships. According to Bowlby, working models also have a propensity for stability within individuals and across generations. One of the major methodological breakthroughs in

attachment research was the development of '*The Strange Situation'* (Ainsworth, Blehar, Waters & Wall, 1978), an empirical means for 'measuring' working models, using '*states of mind'* with respect to attachment in adults, by employing the Adult Attachment Interview (AAI) (George, Kaplan & Main, 1985).

Studies that have used both the AAI and the Strange Situation (SS) have documented an impressive 66%-82% correspondence between patterns of mothers' responses to the AAI and patterns of infants' behavior toward mothers in the SS (Bakermans-Kranenburg & van IJzendoorn, 2009; Beniot & Parker, 1994; Bouthillier, Julien, Dube, Belanger & Hamelin, 2002; Fonagy, Steele & Steele, 1991; Grossmann, Grossman & Waters, 2005; Main, Kaplan, & Cassidy, 1985; Steele & Steele, 2008). These studies suggest that attachment patterns remain relatively stable throughout the life span and confirm Bowlby's (1969) of 'cradle to grave' attachment classifications. If this is the case, the use of the Adult Attachment Inventory interview in this study may support previous research and substantially add to the findings of this study.

The Research Questions

The purpose of this study is to describe the attachment histories of Christian men experiencing same-sex attraction and who are currently attending, or have previously attended counseling, for SSA. Sexual attraction specific, open-ended questions, in-depth interviews, and the Adult Attachment Interview will be utilized to bring understanding of individual developmental histories and early childhood lived experiences. The following research questions provide a framework for this study of same-sex attracted (SSA) men:

1. What are the differences, if any, in states of mind with respect to attachment in a sample of Christian men who experiencing Same-sex Attraction (SSA)?

2. How do Christian men experiencing SSA describe their attachment?

3. How do participants understand the impact of their early relationships on their faith and same-sex attraction experiences?

4. How do participants responses compare and contrast?

Defining the Inquiry

Significant advances have been made in recent years in the areas of attachment theory, development, and same-sex attraction. This study endeavors to combine and expand these areas of research within the parameters of a Christian worldview. Understanding the precepts of each of these areas is essential; therefore, the following brief descriptions allow the reader to gain a basic understanding of the research related terms before delving into the more in-depth literature review in chapter two. These terms include: attachment theory, conservative Christian, same-sex attraction development, and phenomenological research.

Attachment

One of the main tenets of attachment theory is that infants and young children need to develop a secure dependence (attachment) on parents before launching out into unfamiliar situations. In her dissertation entitled "*Evaluation of Adjustment Based Upon the Concept of Security,"* Mary (Salter) Ainsworth (1940) states:

> Familial security in the early states is of a dependent type and forms a basis from which the individual can work out gradually, forming new skills and interests in other fields. Where familial security is lacking, the individual is handicapped by the lack of what might be called a secure base from which to work. (Bretherton,1992, p.45)

Early parent-infant interactions (attachments) are thought to create a foundation for future interactions and behaviors (Grych & Fincham, 2001). There is substantial evidence that children with secure attachments in childhood develop more positive social-emotional competence,

cognitive functioning, physical health and mental health, whereas children with insecure attachments are more at risk for negative outcomes in these domains (Fonagy, Steele & Steele, 1991; Grossman & Grossman 1991; Grossman, Grossman & Waters, 2005; Main, Kaplan & Cassidy, 1985; Ranson & Urichuk, 2008; Steele & Steele, 2008; Waters, Hamilton, Weinfield, 2000; van IJzendoorn, 1995; Grossman, Grossman Winter & Zimmerman, 2002). Bowlby (1973) summarized a core feature regarding the power of early experience, "Development turns at each and every stage of the journey on an interaction between the organism as it has developed up to that moment and then environment in which it then finds itself " (p. 412).

In an effort to capture a generalized representation of attachment, George, Kaplan & Main (1985) developed an interview about childhood attachment relationships and the meaning which the individual currently gives to the past (Crowell & Treboux, 1995). This instrument, called the Adult Attachment Interview (AAI), includes 20 standardized open-ended questions with standardized follow-up probes which are designed to elicit semantic and episodic memories of childhood experiences and evaluations of the ways these experiences affect the current functioning of the individual (Main, Goldwyn & Hesse, 2002).

Same-Sex Attraction (SSA)

The topic of homosexuality is important because it affects the lives of human beings who experience or contend with same-sex attraction. Christian men and women encountering same-sex attraction are either led toward or away from loving communion with God (Jones & Yarhouse, 2000). Researching SSA reveals many different descriptors of homosexual thought and behavior, and it would seem, as shown below, that terms continue to evolve as researchers become more aware of the nuances of these experiences.

According to Jones & Yarhouse, (2007) homosexual orientation normally refers to the consistent directionality of one's experiences of sexual same-sex attractions. The term sexual orientation is generally defined by whether one is erotically attracted to males, females, or both (LeVay & Valente, 2003). Cohen & Savin-Williams, (2004) use the terms same-sex attraction and homosexuality interchangeably, while Bailey, Dunne, & Martin (2000) describe sexual orientation as one's degree of sexual attraction to men or women, which should be closely related to sexual experience with one sex or the other. Another, more recent descriptor of same-sex attracted individuals is non-heterosexual (Savin-Williams & Ream, 2007; Busseri, Willoughby, Chalmers & Bogaert, 2008).

There have also been considerable differences in the way that identity has been used in the homosexual context. Some authors refer to the phrase *homosexual identity* (Blumstein & Schwartz, 1983; Dank, 1973; Goode & Haber, 1977; Hammersmith & Weinberg, 1973; Hayes, 1996; Warren, 1974; Whitam, 1981). Others prefer *gay identity* (e.g. De Cecco & Shively, 1984; Hanckel & Cunningham, 1979; Warren, 1974). At times these terms are used interchangeably (see De Cecco & Shively, 1984).

As mentioned previously, sexual orientation is commonly used in homosexual research literature as well. This term refers typically to the direction of a person's experiences of sexual attraction, as well as to a person's sexual predispositions which may come from a variety of sources: nature or nurture, or most likely a combination of both (Jones & Yarhouse, 2007). Often the terms 'gay' and 'homosexual' are used interchangeably, but not all homosexuals would describe themselves as gay, which is as much about identifying oneself with a community, as identifying sexual orientation (Haley, 2004). Lauman, Gagnon, Michael & Michaels, (1994),

affirm this description, stating that "gay" is associated with a particular historical moment and social identification.

Schneider, Brown & Glassgold, (2002), suggest that homosexuality and heterosexuality are "best conceptualized as being on a continuum" (p. 266). Many researchers observe that sexuality is flexible, rather than static, especially for women (Hallman, 2008; Savin-Williams & Ream, 2007; Vrangalova & Savin-Williams, 2010). Perhaps the most succinct description of same-sex attraction comes from Hallman, 2008:

> Same-sex attraction includes any desire toward another individual of the same gender, in reality or fantasy, that may involve erotic feelings, sexually charged sensations or a strong preoccupation with nonsexual physical affection such as being held, hugged, casually touched or cuddled. The presence of SSA does not preclude the presence of opposite sex attraction or behaviors. (p. 12).

For the purpose of this study the chosen term of same-sex attraction will be used in the manner of the above quote, in order to allow the researcher to describe attachment histories and same-sex attracted Christian men.

Conservative Christian

The simplest explanation of a conservative Christian is one who possesses a belief in the teachings of Jesus Christ. Yet, describing a Christian encompasses much more than that.

> Christianity is a world-view biblically grounded on a set of beliefs about all of life, from work, recreation and finances, to God, life and death, and morality. One tries to think of all of life in light of the teachings of Holy Scripture and more specifically, of the Lord Jesus" (Moreland, 2007, p. 1700).

A world-view is a set of presuppositions by which we answer questions such as "Who are we"? "What's the big human problem"? "What`s the solution"? "How can we know anything"? (Hall, Gorsuch, Maloney, Narramore & Van Leeuwen, 2006).

Conservative Christians believe that Christ is the center and heart of the Bible. It is from the Bible that the conservative Christian view of homosexuality rests - Leviticus 18:22; 20:13; Romans 1:24-27, I Corinthians 6:9, I Timothy 6:10 (NIV).

Rae (2007) explains that:

> There is a difference between being attracted to a person of the same sex and acting sexually on that attraction. It becomes sin when the attraction is acted upon, either in lust (the process of mentally having sex with a person) or in sexual overtures. Likewise, it may be that the homosexual attraction is not sin per se, though at variance with the order of creation. But, when the attraction gives way to lust and ultimately to sexual activity, it is sin. Some Christians who struggle with their sexual identity have grasped this distinction and have rejected the gay lifestyle while attempting to work out issues related to their sexual identity. (p. 1717).

The above quote succinctly describes the conservative Christian same-sex attracted subgroup which will be interviewed. It is often this group that seeks counseling to work through issues related to their same-sex attraction (Dallas & Heche, 2010; Hallman, 2008; Jones & Yarhouse, 2007; Nicolosi, 2009; Rosik, 2003; Spitzer, 2001; Yarhouse, Nowacki-Butzen & Brooks, 2009; Yarhouse, 2010).

Development of SSA

> Complex and rich, full of quest and challenge, the process of human development is a product of many strands – the blending of the biological and the cultural, the intertwining of thought and feeling, the process begins with conception and continues throughout life. Each individual develops in a unique way, embedded in a particular contest of relationships, family, community, history and circumstances (Craig, 1996, p. 1).

Although we cannot separate same-sex attraction from the complexities of human development, Yarhouse (2010) identifies four main possible causes researchers are currently discussing: biology, childhood experiences, environmental influences and adult experiences. According to Savin-Williams (2005), same-sex development does not proceed in an orderly, invariant, or universal manner or occur within a set, or even typical, time frame. Whereas it is

typical to recollect initial same-sex attractions prior to pubertal onset, it is not uncommon for attractions to first surface in high school. Sweeping assumptions about "normal" or "typical" same-sex developmental trajectories should be rejected (Savin-Williams & Cohen, 2004). The period of adolescence is when youth are discovering and exploring feelings and attractions, as well as trying out new roles and behaviors on the path to defining their emerging sexual identities (Diamond,1998; Savin-Williams & Diamond, 2000).

Cohen, (2010, p. 44-49) elucidates a new concept of same-sex attachment disorder, which encompasses three of the four main 'gates' (mentioned by Yarhouse, 2010), of same-sex attraction development:

1. Homosexuality is a symptom of:

    - Unhealed wounds of the past
    - Unmet needs for love
    - Reparative drive to fulfill homo-emotional and/or homosocial love needs

2. Homosexuality is essentially an emotion-based condition:

    - Need for same-sex parent's/same-sex peers' love
    - Need for gender identification
    - Fear of intimacy with members of the opposite sex

3. Homosexuality is a same-sex attachment disorder or SSAD, (a term coined by Cohen) caused by any of the following:

    - Detachment from same-sex parent
    - Detachment from same-sex peers
    - Detachment from one's body
    - Detachment from one's own gender

Cohen then continues to identify ten potential influences of SSA, which are contained within the four main possibilities Yarhouse (2010) has identified: heredity (although not necessarily biology); temperament; hetero-emotional (opposite-gender) parental wounds; homo-emotional (same-gender) parental wounds; sibling wounds/family dynamics; body-image

wounds; sexual abuse; social or peer wounds; cultural wounds; and other factors (divorce, death, adoption, religion, rejection by opposite sex). This study may add insight to Cohen's theory as it explores early childhood attachment and same-sex development and will touch three of the four gates identified by Yarhouse (2010): childhood experiences, environmental influences and adult experiences.

The development of SSA, as indicated above, is complex, seemingly stemming from a myriad of environmental and possible biological interactions. It is the purpose of this study to add to current literature with further understanding of how early experiences might influence to the development of SSA.

Phenomenological Research

"Phenomenon means to bring to light, to place in brightness, to show itself in itself, the totality of what lies before us in the light of day" (Heidegger, 1977, p. 74-74). Evidence from phenomenological research is derived from first-person reports of life experience. Phenomenology begins with the 'things themselves' and step by step, attempts to eliminate everything that represents a prejudgment, setting aside presuppositions and reaching for a state of openness. The investigator then abstains from making suppositions, focuses on a specific topic freshly and naively, constructs a question to guide the study and derives findings that will provide the basis for further research and reflection. (Moustakas, 1994).

Phenomenological research does not allow for empirical generalizations and does not problem solve. Phenomenological questions are meaning questions, asking for the meaning and significance of certain phenomena (van Manen, 1990), such as the specific SSA questions utilized in the in-depth interviews and 20 questions of the AAI of the present study.

Phenomenology is the science of phenomena, in this case SSA. It describes how one orients to lived experience.

From a phenomenological point of view, to do research is always to question the way we experience the world (van Manen, 1990). According to Moustakas, "the empirical phenomenological approach involves a return to an experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience" (Moustakas, 1994).

By adopting a strictly descriptive approach, we can let the phenomena speak for itself; the aim being to determine what an experience means for the person (Moustakas, 1994).

Locating the Researcher

In the human sciences it is presumed that one does not pursue research for the sake of research, but rather one comes to the human sciences with a prior interest. From a phenomenological point of view, to do research is to always question the way we experience the world, to want to know the world in which we live as human beings. Phenomenology describes how one orients to lived experience, hermeneutics describes how one interprets the 'texts' of life (van Manen, 1990, p. 4-5). These two concepts will become the core of the present study.

Building on the phenomenological concept, classical phenomenologists practice three distinguishable methods: (1) description of a type of experience just as found in our own (past) experience; 2) interpretation of a type of experience by relating it to relevant features of context; (3) analysis of the form of a type of experience (Smith, Flowers, & Larkin, 2009). This being said, in phenomenological research, it is customary for the researcher to orient the reader to his/her own personal journey (Sosin, 2008; Milacci, 2003).

> It is better to make explicit our understandings, beliefs, biases, assumptions, presuppositions and theories, not in order to forget them again, but rather to hold them deliberately at bay, and even to turn this knowledge against itself, as it were, thereby exposing its shallow or concealing character (van Manen, 1990 p. 47).

It is important also, for the researcher to focus carefully on the question of what human experience is to be made topical. It is this starting point that is largely a matter of identifying what deeply interests the researcher (van Manen, 1990). "My own life experiences are immediately accessible to me in a way that no one else's are" (van Manen, 1990 p. 54).

The objective is to describe the experience of conducting this study both personally and professionally, by sharing what has been learned along the way. It was encouraging and challenging to read the phenomenological study of Sosin (2008) when considering how to approach revealing aspects of this journey.

The Researcher's Professional experience

This researcher's educational experience and private practice is concentrated on professional Christian counseling. The foundation for such practice lies in the heart of the gospel of Jesus rooted solidly on the precepts of love, acceptance and forgiveness. The vast majority of clientele are trauma survivors, often presenting with undiagnosed undiagnosed Post Traumatic Stress Disorder and/or Complex Traumatic Stress Disorder, requiring trauma therapy. As a registered AAMFT clinician, marriage and family therapy is also offered.

The interest in Attachment Theory and relationships began several years ago during a conference. It has continued to grow through two Emotionally Focused Therapy externships and supervision with Dr. Sue Johnson and her team. Throughout this Ph.D. program, a consistency of focus has been on the philosophy of Attachment Theory with regard to human development and to understand just how far-reaching this theory is.

Training in the Adult Attachment Interview (AAI), and subsequent training in the Adult Attachment Inventory (coding of the AAI) has furthered this interest. The process has not only increased understanding of the importance of secure early attachment to primary caregivers, but also of how early childhood attachment is considered to affect the individual from the 'cradle to grave' (Bowlby, 1982).

The Researcher's Personal Experience

Although feeling challenged to study same-sex attraction in the context of attachment theory, the study began with great hesitancy, due to the political and religious controversy surrounding SSA. As well, the subject touched close to home in that this researcher's first husband hid his same sex attraction and behavior during 15 years of marriage. This research experience has had a great impact personally and professionally increasing both intellectual and professional understanding.

This study began with many questions and concerns. "What would be found"? "Would the research confirm or contradict personal thoughts on the development of SSA"? "If the study contradicted previous pre-suppositions would biases taint the research or would the research speak for itself"?

The value of this study will become evident as it is read and disseminated. Being extremely humbled by the findings that have surfaced through laborious study has brought thoughtful appreciation for each participant, and very careful and repeated analysis. As well, this research project will be valuable to academia, both Christian and secular. For Christian believers the study offers a compassionate stance to those amongst us who struggle with SSA that unfortunately has often been neglected. For the academic society, this qualitative work is

empirically evidenced through rigorous coding and evaluation. Even though past experience may have heightened awareness of the subject, the study itself represents a highly unbiased reflection of the data.

The interest in attachment theory, as well as these personal experiences has led to questioning the early childhood experience of Christian men encountering same-sex attraction. It is, therefore, from both personal and professional experience, that the journey begins.

Fitting it together

Understanding elements of my personal and professional journey will hopefully elucidate the direction of this current study. If, as Bowlby (1982) proposed, early attachment affects the individual throughout their life span, then an individual's environment and experiences within that environment will touch subsequent developmental strategies as the child continues to mature. Perhaps we could now, many decades later, add sexual development strategies to this statement. Using a phenomenological interview will expose individual developmental histories, while individual differences in response to the AAI will illuminate early attachment patterns (Main, Goldwyn, & Hesse, 2002).

This study will assess not only attachment to primary caregivers but also illuminate significant losses and trauma. In addition to increasing our understanding of SSA phenomena it is hoped that findings from this study may also be utilized to inform treatment with same-sex attracted individuals seeking counseling in regard to their sexual identity struggles.

Summary

Chapter one has provided an overview to understand the focus of this study in exploring individual developmental histories and early attachment history in the lives of same-sex attracted men. Additionally, a brief description of attachment theory, conservative Christian, same-sex attraction development and phenomenological research sets the stage for the literature review of the next chapter.

Finally, the researcher was located in order to provide the reader with a deeper understanding of the researcher's personal involvement with SSA and the desire to bring greater insight into the lives of those who struggle with SSA. The next chapter will provide a review of the literature associated with each of the subjects defined in chapter one, followed by a chapter which elucidates the research method used in this study.

CHAPTER 2: EXPLORING THE LITERATURE

This chapter contains a detailed literature review on the focus subjects of this study: Christian thought and same-sex attraction; attachment theory and assessments; and finally same-sex attraction and development.

Christian Thought and Same-sex Attraction

> The Christian church (local congregations and denominational associations) divides due to fierce disagreements about the status of homosexual Christians, their relationships and their qualifications for ministry (Gagnon, 2001, p 26).

Facing the risk of being labeled homophobic (a label conveying the impression of a psychiatric disorder, according to Gagnon, 2001) as well as intolerant, are obstacles in a study such as this one. Gagnon, aptly explains that "love and tolerance overlap, but are not identical concepts" (2001, p. 28).

Given the complexity of issues related to sexuality and religiosity, it is imperative that therapists examine and reexamine their own feelings, beliefs, experiences, values and assumptions when they work in these areas (Phillips, 2004). Simplistic notions about sexuality must be discarded, yet for the conservative Christian, faithfulness to scripture must be maintained.

> If a clear, unequivocal and pervasive stance in the Bible can be shown to exist across the Testaments and accepted for nearly 2000 years of the church's existence, then the burden of proof lies with those in the church who take a radically different approach (Gagnon, 2001, p. 29).

The answers to questions about the origins of homosexuality frequently divide into opposing causal attributions. Some people attribute homosexuality to lifestyle choices, while

others believe it's innate, genetic in origin (Haider-Markel & Joslyn, 2008). Discussion ensues in forms such as: If God rejects the practice of homosexuality, then how could it be genetic? Surely He would not reject His own creation. Where scripture has forbidden certain practices, it would seem that these practices were something that could be controlled or changed.

Weiner (1985) introduced the third dimension of causality, controllability, which concerns whether or not a person is believed to control their own behavior and the subsequent attitudinal and perceptual implications. Suggesting that homosexuality is biological in origin implies that sexual orientation cannot be controlled. On the other hand, a belief that homosexuality is acquired, learned, or a personal choice would indicate that homosexuals can control and are therefore responsible for their homosexuality (Haider-Markel & Joslyn, 2008). This truly is the crux of theological debate: does the same-sex attracted individual have *any* control over their thoughts, behaviors and actions?

A Proposed Model

Attachment Theory

Attention is now turned to scientific research on the subject of attachment theory. This theory identifies that secure primary relationships in early childhood are foundational for the healthy development of the child and continue to impact the attachment strategies of adults. Attachment theory suggests that disruptions in primary relationships due to absence, through injuries, traumas, or death can create insecure infant and child attachment, and that subsequent trauma in later years also has a definite impact on the person. Given this understanding the present study intends to gain insight into how the lived experience of SSA individuals has

progressed from an attachment perspective. Attachment theory provides a starting point from which the histories of SSA men can be explored.

Attachment Theory Overview.

Extensive study of attachment theory is reviewed below in order to bring a foundational understanding of the development of the person. Attachment behavior is believed to characterize human beings from 'cradle to grave' (Bowlby, 1977, p. 130). Bowlby also explained that:

> Attachment behavior is conceived as any form of behavior that results in a person attempting or retaining proximity to some other differentiated and preferred individual, who is usually conceived as stronger and/or wiser. Although it is most frequently and intensely displayed by infants and young children, it continues to be manifested throughout life, especially when distressed, ill or afraid. (see: Ainsworth, 1984, p. 792)

Underpinnings of Attachment Theory began in the 1940s with the research of Bowbly (1944) and Robertson (1953). It then expanded in the 1950s to include Rudolph Schaffer (Schaffer & Emerson, 1964), and Mary Ainsworth (1963, 1967,). This early research and subsequent findings, initially embraced by social scientists, effectively changed the way hospitals treated children and paved the way for further attachment research in subsequent decades (Karen, 1994). Attachment theory then provides a place of beginning from which to explore the histories of same-sex attracted men.

The Beginnings.

> No form of behavior is accompanied by stronger feeling than is attachment behavior. The figures toward whom it is directed are loved and their advent is greeted with joy. So long as a child is in the unchallenged presence of a principle attachment-figure, or within easy reach, he/she feels secure. A threat of loss creates anxiety and actual loss, sorrow; both, moreover, are likely to arouse anger (Bowlby, 1969, p. 209).

Attachment theory was initially identified by John Bowlby in his controversial study of 44 thieves from 1936-39, but it was not until Mary Ainsworth joined him in the 1950s that the

theory began to expand (Karen, 1994). During the 1970s, psychologist Mary Ainsworth further expanded upon Bowlby's groundbreaking work in her now-famous "Strange Situation" study, to test infant attachment to the mother and/or caregiver. The study involved observing children between the ages of 12 to 18 months responding to a situation in which they were briefly left alone and then reunited with their mother (Ainsworth, Blehar, Waters & Wall 1978).

Table 2.1 Ainsworth, et al. (1978) developed the "Strange Situation." .

Table 2.1. Ainsworth Strange Situation Assessment

Step 1	**Parent and child are alone in the room**
Step 2	**Child explores the room without parental participation**
Step 3	**Stranger enters the room, talks to parent and approaches the child**
Step 4	**Parent quietly leaves the room**
Step 5	**Parent returns and comforts child**

The forgoing are the five steps in the Strange Situation Assessment (SS), used with children 12-18 months of age, to test caregiver attachment. The infant's propensity to seek proximity to the caregiver in times of danger, and the behavior of seeking the caregiver when frightened, are described by Ainsworth, Blehar, Waters & Wall, (1978) as the quintessential features of attachment. Each of Ainsworth's patterns can be conceived as a strategy for regulating and expressing emotions. Secure infants can be described as expressing their needs for protection and comfort freely and directly; avoidant infants, as limiting their expression of attachment needs; and resistant infants, as exaggerating their attachment needs (Goldberg, 2000).

The idea that attachment theory is a theory of emotion regulation was introduced by Sroufe and Waters (1977), which described attachment as an 'organizational construct' and emphasized the regulation of 'felt security' as a central component of attachment.

Attachment theory revolutionized the study of parent-child relationships and has served as a foundation for much developmental thinking (Cassidy & Shaver, 2008). It is important to note that patterns of attachment exist cross-culturally (Chisholm, 1996; Main, 1990). Bowlby (1982) assumed the universality of the attachment behavioral system. A second assumption in attachment theory concerns the role played by attachment representations in the individual's affective life. As new attachments are constructed, these representations provide the individual with a template for perceiving, interpreting and reacting to attachment signals and situations. In his early formation of the theory, Bowlby (1969) initially described an evolved behavioral process by which the attached person sought out a potentially protective attachment figure during periods of danger or threat. The chief goal of attachment theory was seen as being one of protection and safety. The primary caretakers were most frequently the parents and initially the child's mother.

Early parent-infant interactions are thought to create a foundation for future interactions and other behaviors (Ainsworth, 1963, 1967; Ainsworth & Bell, 1970; Ainsworth, Bell, & Strayton, 1974; Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1944, 1969, 1979; Bretherton, 1992, Bretherton & Munholland, 2008; Carlson, 1998; Cassidy & Shaver, 2008; Clinton & Sibcy, 2006; Egeland, B., Jacobvitz, D. & Sroufe, L.A. , 1988; Goldberg, 2000; Grossman & Grossman, 1991; Grossman, Grossman & Waters (eds), 2005; Grych & Fincham, 2001; Karen, 1994; Main, 1996; Sroufe, 1988; Sroufe, 2005; Sroufe, 2010; Sroufe, Egeland,

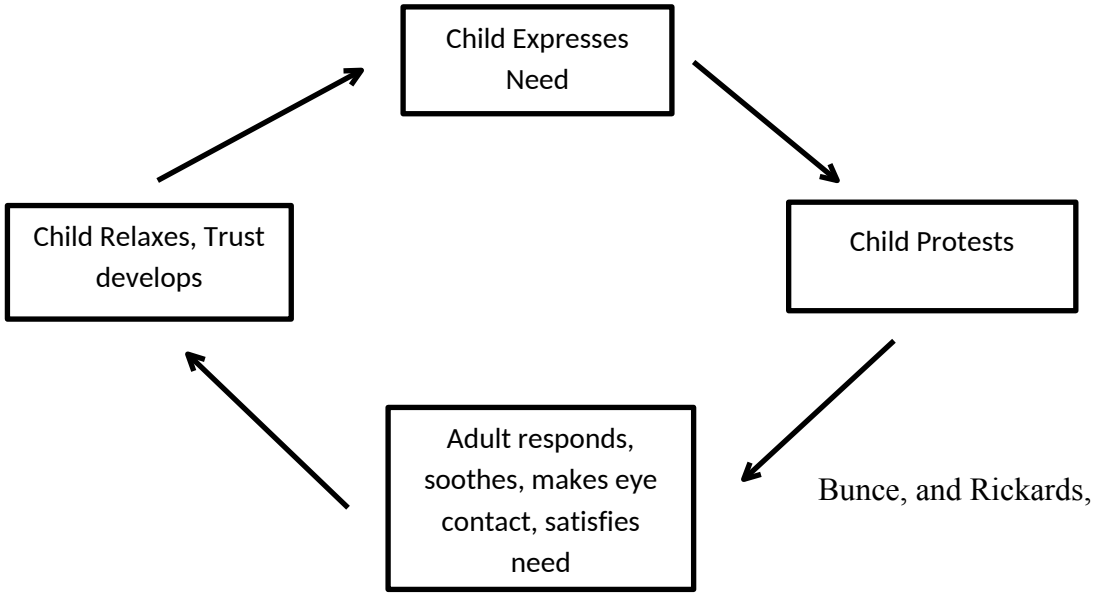
Carlson & Collins, 2005; Svanberg, 1998). The tables on page 32 illustrate the attachment arousal-relaxation cycle (Table 2.2), and the disturbed attachment cycle (Table 2.3).

As Bowlby (1969) asserted, attachment and sexuality 'impinge on each other and influence each other'. Bowlby also acknowledged the "overlap between attachment, parenting and sexual behavior" (p. 233). In his view the associations between the attachment and sexual systems should be empirically demonstrated instead of psychoanalytically postulated (Bowlby, 1984). The early years merit special attention because the initial adaptations they promote become the starting pointing place for subsequent transactions (Sroufe, Coffino & Carlson, 2010). The Erikson, Sroufe, & Egeland, (1985) study produced theoretically meaningful and empirically clear links between early experience and later behavior, based on patterns of attachment assessed at 12 and 18 months of age (Sroufe, Egeland, Carlson & Collins 2005).

Freud was the first to argue that human sexuality and the ability to love have critical periods in early childhood that he called phases of organization (Doidge, 2004). Bowlby (1973, p. 412) stated, "Development turns at each and every stage of the journey on the interaction between the organisms as it has developed up to that point and the environment in which it then finds itself."

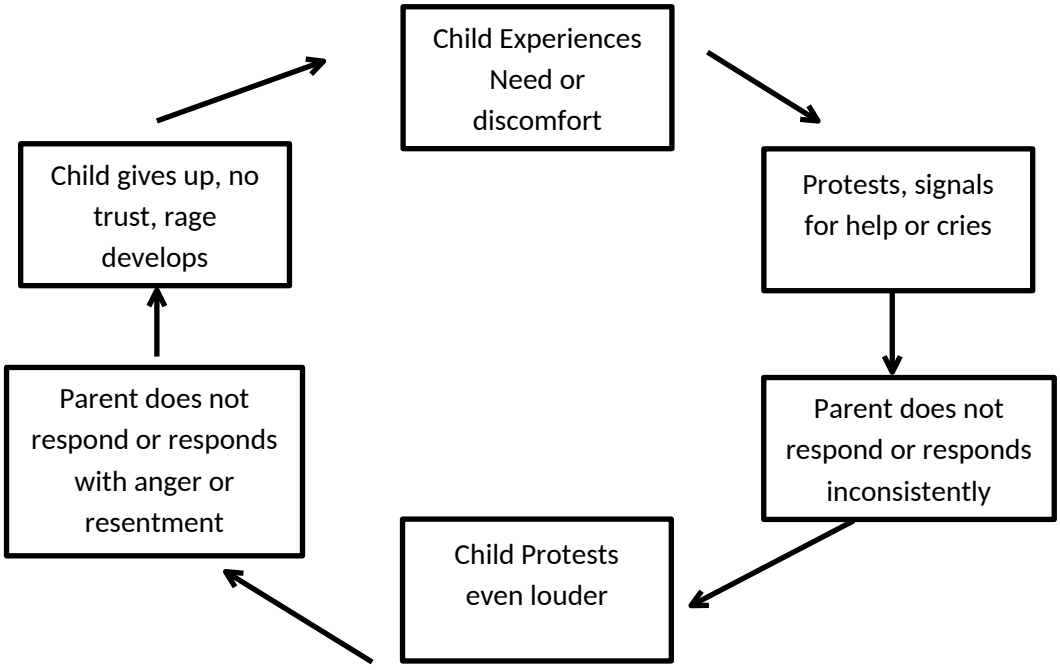
Later, Bowlby integrated information processing with attachment theory, and included developmental processes that culminate in adaptive or maladaptive functioning. Bowlby also suggested that internal working models are dynamic mental processes that influence an individual's affect, behavior, and perceptions of self, others and relationships, and that these working models have a propensity for stability within individuals and across generations (Bowlby, 1982).

Figure 2:2 The Arousal-Relaxation Cycle



Bunce, and Rickards, (2004)

Figure 2:3 The Disturbed Attachment Cycle



Bunce, and Rickards, (2004)

The Minnesota longitudinal study of parents and children followed 180 individuals from 3 months before birth to age 34 years (Erickson, Sroufe, & Egeland, 1985; Sroufe, Egeland, Carlson & Collins 2005). This study was well cast to assess the impact of early experience, as well as a host of other features of development, because measures were detailed, comprehensive and densely gathered in all age periods. It would appear that systems most vulnerable when they are emerging are anchored by developmental considerations (Sroufe, 2010).

In the Minnesota study, some of the most meaningful and empirically clear links between early experience and later behavior, were based on patterns of attachment assessed at 12 and 18 months of age (Sroufe, Egeland, Carson & Collins, 2005). These findings were later supported by Vaughn, Bost, & van IJzendoorn, (2008). Attachment assessments were robustly related to later aspects of individual characteristics, such as dependence/independence, self-esteem, self-management and school achievement, and were consistent predictors of later social relationships, with infant attachment measures predicting certain adolescent peer outcomes, as strongly as they predicted to middle childhood (Sroufe, 2010).

The cumulative power of multiple early risk factors has also been researched (Appleyard, Egeland, van Dulmen, & Sroufe, 2005). Risk in early childhood remains a significant predictor of behavior problems even when risk in middle childhood is controlled. This is an important example of the power of early experience (Sroufe, Coffino, & Carlson, 2010).

The explosion of research that followed Bowlby's work focused on the complexities and details of the attachment system, but had little more to say about sexuality or the relationship between attachment and sexuality (Eagle, 2011), although problems with attachment have been postulated as a predisposing factor for problematic sexual behavior. Based on Bowlby's (1973) and Ainsworth's (Ainsworth, Blehar, Waters, & Wall, 1978) works, it has been hypothesized that

avoidant attachment patterns may lead to sexual encounters without emotion or affection (e.g., prostitutes and pornography). Disorganized attachment may lead to paraphilia behaviors (a desire for intimacy, but intense fear of it), whereas preoccupied attachment may lead to an emotionally needy individual who craves validation from multiple partners (Samenow, 2010). Moorhead (1999) has argued that a template of the opposite-sex parent plays a critical role in influencing the choice of mate, which if true, would "demonstrate the presence of sexual elements in early attachments" (p. 368). Research specifically identifying the impact of attachment theory using the AAI with the development of sexuality, is limited.

Utilizing the exhaustive research into attachment (Ainsworth, 1963, 1967; Ainsworth & Bell, 1970; Ainsworth, Bell, & Strayton, 1974; Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1944, 1969; Bretherton, 1992; Bretherton & Munholland, 2008; Carlson, 1998; Cassidy & Shaver, 2008; Clinton & Sibcy, 2006; Egeland, B., Jacobvitz, D., & Sroufe, L.A. 1988; Goldberg, 2000; Grossman & Grossman, 1991; Grossman, Grossman & Waters (eds), 2005; Karen, 1994; Main, 1996; Sroufe, 1988; Sroufe, 2005; Sroufe, 2010; Sroufe, Egeland, Carlson & Collins, 2005; Svanberg, 1998), this study will attempt to gain understanding into the lived experience of Christian men experiencing SSA, through in-depth questioning and the Adult Attachment Inventory (AAI).

According to Sroufe (2010) it is often the case that the consequences of earlier and later experience are cumulative. Sroufe also acknowledges that the potential impact of early experience may at times be transformed by a subsequent experience. Specific outcomes of interest are likely more sensitive to particular experiences at varying points in time. Therefore certain patterns of adaptation may be established early in development and then have power because of their impact on the subsequent environment. At times early experience sets in motion

a chain of experiences which impact the next, such that if forestalled, the impact of early experience would no longer be seen (Sroufe, 2010).

Attachment theory has much to offer this study, as this theory proposes a comprehensive overview of the development of the person (Sroufe, 2005). This study explores attachment in a sample of Christian men experiencing same-sex attraction. Exploring the phenomenological experience of the men in this study will enlarge the scope of current research into the development of male sexuality and specifically, same-sex attraction. The information this study provides could further previous research and possibly bridge the gap of understanding the early childhood experiences of Christian men who experience SSA.

Attachment Assessments

From research into attachment theory have come several attachment assessment tools, including the Strange Situation (SS), (Ainsworth, Blehar, Waters & Wall, 1978); the Adult Attachment Inventory (AAI), (George, Kaplan & Main, 1985; Main, Hesse & Goldwyn, 2002); the Current Relationship Manual (CRM), (Crowell & Owens, 1998); and the Self Report Measures of Adult Attachment (Hazan & Shaver, 1987). The attachment assessment interview (AAI) assesses early lived experience and will be used to empirically assess the men studied.

With the development of attachment theory assessments, in particular The Strange Situation and the Adult Attachment Inventory, a wealth of research has emerged in the area of attachment and human development (Bakermans-Kranenburg, & van IJzendoorn, 2009; Cassidy & Shaver, 2008; Coppola, Vaughn, Cassibba, & Costantini, 2006; Crawford, & Benoit, 2009; Grossman, Grossmann & Waters (eds), 2005; Karen, 1994; Main, 2000; Miner, 2009; Spieker,

Solchany, McKenna, DeKlyen & Barnard, 2003; Scroufe, Egeland, Carlson & Collins, 2005; Seigal & Hartzell, 2003).

Both the Child Attachment Interview and The Adult Attachment Inventory have been reviewed extensively; (Bakermans-Kranenburg & van IJzendoorn, 2009; Hesse, 2008; Bouthillier, Julien, Dube, Belanger, Hamelin, 2002; Crowell & Treboux, 1995; Main, Hesse & Goldwyn, 2008; van IJzendoorn, 1995; Sagi, van IJzendoorn, Scharf, Korne-Karje, Joels & Mayseless, 1994) and found to be highly validated. As previously mentioned studies that have used both the AAI and the Strange Situation (SS), have documented a 66-82% correspondence between patterns of mother's responses to the AAI and patterns of infants' behavior toward mothers in the SS, whether the data are examined prospectively, retrospectively or concurrently (Fonagy, Steele & Steele, 1991; Main, Kaplan & Cassidy, 1985).

Benoit & Parker (1994) examined the stability of the AAI classifications within individuals, from pregnancy to 11 months after delivery and found that maternal AAI classifications remained stable in 90% and 77% of cases when the three- and four-category systems were used, respectively. The validity and reliability of the Adult Attachment Inventory gives legitimacy to its use in the present study.

The Adult Attachment Interview (AAI).

Literature reviewing the Adult Attachment Interview is presented as a means of illuminating the reader to these structured, but open-ended questions, regarding early childhood experiences, losses and traumas. It is believed that an organized, credible and consistent valuing of attachment relationships allows a child to develop a secure attachment response. This

response, in turn, allows the child to attach securely to primary caregivers, as they perceive their environment as safe and secure.

As shown in Figure 2.4, AAI coherence and security (F category) links with infant security (B category); AAI incoherence involving dismissal (Ds category) links with infant insecurity of the avoidant kind (A category); AAI incoherence involving preoccupation (E category) links with infant insecurity of the resistant kind (C category); and, finally, unresolved/disorganized mental states (U/d), regarding experiences of loss or abuse, link with infant disorganization (Main, Goldwyn & Hesse, 2002).

Secure attachment, as Bowlby (1982) reiterated, is a 'cradle to grave' phenomenon; therefore, understanding the attachment themes produced by this study can help researchers understand the relationship between early attachment and the development of same-sex attraction in the sample studied. This is important to the study as the AAI provides a reliable resource to indicate secure attachment, as well as insecure and disorganized attachment styles. Identifying early childhood attachment themes of the men studied may lead to consideration of further specialized models of therapy (i.e. trauma therapy, grief & bereavement, addiction therapy models, emotionally focused therapy and perhaps family therapy to repair relationships).

The AAI (detailed in appendix F) has been empirically validated and found reliable across various populations and cultures (Bakermans-Kranenburg & van IJendoorn, 2009). Its in-depth questions literally surprise the unconscious of the individual (Main, Goldwyn & Hesse, 2002) and provide increased understanding of lived experience, providing this study with a wealth of empirically validated information.

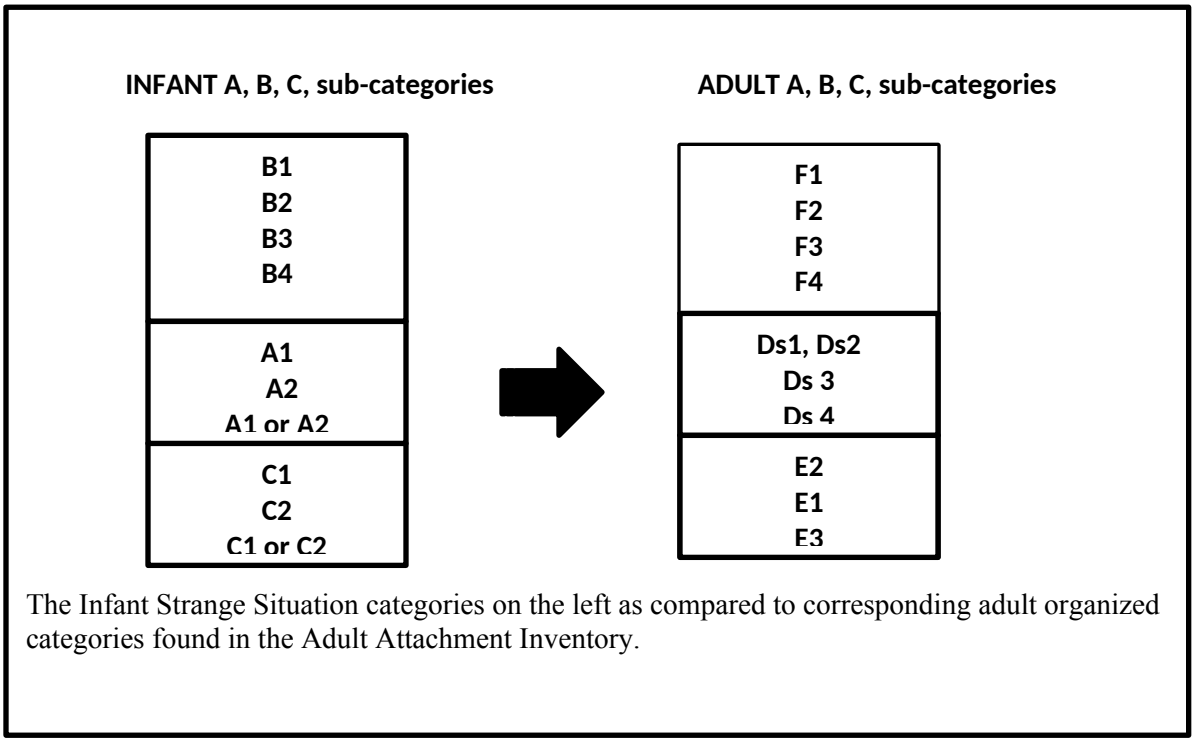
Feeney and Raphael (1992) argued that sexual relationships cannot be understood without reference to an individual's attitudes to intimacy and needs for affection and that attachment principles offer a theoretically grounded approach to these issues. For the purpose of this study the Adult Attachment Interview will be used to understand attachment principles within the population studied.

The AAI probes the adult's childhood and current relationships with attachment figures and allows for the individual's discourse or state of mind regarding attachment to be revealed (Main, Goldwyn, & Hesse, 2002). This hour-long interview asks participants to describe their childhood attachment experiences and the impact of those experiences on their development and personality. The AAI utilizes a pre-specified format with 20 questions asked in a set order, accompanied by specific follow-ups. The entire interview, including comments made by both the interviewer and interviewee, is transcribed verbatim, including timed pauses, dysfluencies and restarts.

An especially important feature of the AAI protocol is the section addressing experiences of loss of significant persons through death, as well as descriptions of abuse experiences (Cassidy & Shaver, 2008).

The Secure-Autonomous discourse is highly coherent and thought to reflect either optimal attachment experiences or the participant's psychological resolution of suboptimal attachment experiences. Dismissing and Preoccupied discourses are thought to reflect rejection and inconsistent attachment experiences respectively. Unresolved discourse shows specific lapses in monitoring of reasoning when the individual is discussing traumatic events, such as the loss of an attachment figure or abuse by an attachment figure. A small percentage of

Figure 2.4 Expected Conjunctions between Infant and Adult Organized States and Sub-classifications



The Infant Strange Situation categories on the left as compared to corresponding adult organized categories found in the Adult Attachment Inventory.

participants do not fit any of these categories and are labeled 'Cannot Classify'.

According to the Adult Attachment Inventory Manual (Main, Goldwyn & Hesse, 2002) adult attachment categories are listed as follows: *Secure-autonomous* (F), if they value attachment experiences and feel free to evaluate particular experiences and relationships; *Dismissing of attachment* (Ds), will report little in terms of episodic memories to support their evaluation of their attachment experiences, could be actively derogating about their attachment experiences, and dismiss the impact of those experiences on themselves, parents and others; *Preoccupied with attachment* (E), if their interview consists of a flood of episodic memories with little or no semantic description and little perspective on attachment relationships; these

individuals often express current, involved anger toward one of their attachment figures. In addition to these categories, individuals could be classified as *disorganized/unresolved with regard to loss* and/or *abuse* (U/d) when lapses in the monitoring of reasoning or discourse, or reports of extreme behavioral reactions (including displaced reactions) during the discussion of these events are found.

The category for unresolved loss or trauma is indispensable to differentiate individuals struggling with loss or trauma issues from those who are able to talk coherently about their traumatic experiences (Bakermans-Kranenburg & van IJzendoorn, 2009). Another relatively rare category, *Cannot Classify* indicates a text that cannot be fitted into any '*organized*' (Ds, E or F) AAI placement and is evidenced most clearly when the text demonstrates a striking or unusual mixture of mental states.

Themes.

The AAI has been refined and expanded since it was initially developed. Attachment categories or themes, arise from an audio taped transcript, which is transcribed verbatim and coded. The AAI reveals themes which characterize the childhood experience with each parent (Crowell & Treboux, 1995). These transcripts are designed to assess adults' Internal Working Models and current state of mind with regard to attachment (Bouthillier, Julien, Dube, Belanger & Hamelin, 2002).

One of the aims of the AAI is to 'surprise the unconscious' (George, Kaplan & Main, 1985), by posing, in a calm, but persistent way, a series of questions that serve invariably to take the interviewee back to highly emotional events in early childhood that he will not ordinarily have discussed or reflected upon, and to which, in some cases, he may not even have conscious

access (Steele & Steele, 2008). Experiential themes revealed through the Adult Attachment Interview include: loving, rejection, role reversal, neglect and pressure to achieve. Along with these themes, the AAI reveals loss of loved ones (due to death), as well as experiences of physical and sexual abuse, while elucidating concerns regarding coherence of mind and coherence of transcript (Main, Goldwyn & Hesse, 2002).

The complete set of questions is found in Appendix F. These questions include asking the individual about general early childhood experiences with parents and extended family, then proceed to more in-depth questions such as "Could you give me five adjectives to describe your relationship with your mother" (father done separately). The questions then continue with the follow-up probes **such as** of "Can you remember a specific incident or memory that would describe… (for each of the adjectives given). Specific questions regarding loss and abuse are also included.

The AAI measures the representation of attachment experiences in the mind of individuals who provide a verbal account of those experiences in less or more coherent ways (Hesse, 2008). Thus AAI classifications represent a single predominant state of mind (secure-autonomous, dismissing or preoccupied) that pervades the discussion of several, possibly quite different, attachment relationships and topics. The additional 'unresolved/disorganized' AAI designation applies only to portions of the interview that concern experiences of loss and abuse, whereas the remainder of the transcript can generally be assigned to one of the three organized classifications (Bretherton & Munholland, 2008).

The goal of the interview is to estimate, as well as possible, the probable attachment-related experiences that appear to have characterized the adult's childhood, and most importantly

to identify the adult's current state of mind regarding attachment, viewed as a strategy for organizing thoughts, feelings and behavior (Steele & Steele, 2008). The AAI themes parallel the attachment themes observed in the Strange Situation (Ainsworth, Blehar, Waters, & Wall, 1978).

More than 10,000 respondents of various ages, gender, socio-economic status, ethnicity, country of residence and clinical status have been administered the Adult Attachment interview since its inception almost 25 years ago (Bakersman-Krausenburg & van IJzendoorn, 2009). Numerous studies have documented the power of the AAI to predict parenting and subsequent infant-parent attachment, and more generally, to predict the quality of the individual's relationship with significant others (Cassidy & Shaver, 2008, Hesse, 2008; van IJzendoorn, 1995).

Previous research has shown that men with secure attachment have shown higher levels of communication expressiveness and lower levels of withdrawal than men with insecure attachment (Bouthillier, Julien, Dube, Belanger & Hamelin, 2002). At the present, research into early childhood experiences and same-sex attraction, using the AAI has not been identified, therefore creating a gap in the literature and the need for the present study.

The AAI has been used in research studies with a wide variety of populations: Depressed mothers (Cicchetti, Toth & Rogosch, 1999; Gaensbauer, Harmon, Cytryn & McKnew, 1984; Lyon-Ruth, Connell, Grunebaum & Botein, 1990; Toth, Rogosch &, Ciccehetti, 2008; Toth, Cicchetti, Rogosch & Sturge-Apple, 2010); pathological & high risk populations (Baradon, Fonagy, Bland, Na'rd & Sleed, 2008; Crowell & Hauser, 2008; Fonagy, Steele, Steele, Leigh, Kennedy & Mattoon, 1995); bereavement (Sagi-Schwartz, Koren-Karie & Joels, 2003; Turton,

Hughes, Fonagy & Fainman, 2004); criminal populations (Baker, Beech & Tyson, 2006; Frodi, Dernevik, Sepa, Philipson & Brages, 2001; van IJzendoorn, Feldbrugge, Derks, de Ruiter, Verhagen, Philipse, van der Staak & Riksen-Walraven, 1997; Hesse & Main, 2000); trauma, Post Traumatic Stress Disorder and sexual abuse (Moran, Neufeld-Bailey, Gleason, De Oliveira & Peterson, 2008; Hesse, & Main, 1999; Liotti, 2004; Moran, Neufeld-Bailey, Stoval-McClough, Cloitre & McClough, 2008; Schuengel, Bakermans-Kranenburg & van IJzendoorn, 1999).

An attachment perspective has been used in researching sexual identity (Ashley, 2003; McKenzie, 2010, Mohr, 2008; Mohr & Fassinger, 2003; Davis, Shaver, Widaman, Vernon, Follette, 2006). However, studies on sexual identity and/or SSA have utilized self-reports rather than the Adult Attachment interview and their focus was mainly on adult romantic attachments, which differs from the focus of the present study.

A handful of empirical studies (e.g. Kurdeck, 1997; Landolt & Dutton, 1997) look at attachment processes in homosexual men (Landolt, Bartholomew, Saffery, Ormen and Perlman, 2004). Landolt, et al.(2002), using a History of Attachment Interview (HAI), found that gender nonconforming behavior in children associated with maternal, paternal and peer rejection and paternal rejection independently predicted adult attachment anxiety, but maternal rejection did not. This result substantiates the hypotheses of Sroufe, et al. (2010) that the "fathering experience is especially important in preadolescent years [with regard to reducing adolescent conduct problems]" (p. 44). The Landolt, et al. (2004) study mentioned previously, is the closest research comparison to this present study found, although it, as well, does not use the AAI.

To date there is minimal longitudinal information with regard to intimate relationships of adults based on childhood attachment. Studies of adult social relationships using the AAI are relatively rare, although there is some preliminary evidence that there may be AAI related differences in contemporary adult partner relationships (Goldberg, 2000). This review indicates that attachment is thought to play a role in remarkably diverse areas of development and could therefore influence the histories of men experiencing SSA.

Same-Sex Attraction (SSA)

Same-sex attraction literature reviewed in this section is intended to be as thorough as possible, considering not only current research, but significant studies also completed prior to 1973 and the removal of homosexual behavior from the Diagnostic and Statistical Manual of Mental Disorders.

Difficulties surround the terminology used to describe homosexuality. Research dating from the 1960s to 1990s (see: Bailey & Bell, 1993; Bem, 1996; Bieber, Dain, Dince, Drellich, Grand, Gundlach, Kremer, Rifkin, Wilbur & Bieber (1962); Gundlach, 1969; Laumann, Gagnon, Michael & Michaels, 1994; Siegelman, 1981; van den Aardweg 1997) mainly use the term 'homosexual' to describe the sexual attraction between two men. Reinisch, (1990) describes homosexuality as a "sexual orientation label that describes romantic attraction to, sexual desire for, or sexual behavior with a person of one's own sex" (p. 138).

As a deeper understanding of the fluidity of sexuality arose during the 1990s (Dickinson, Paul & Herberson, 2003; Sandfort, 1997), terms such as sexual orientation, (Bailey, Dunne, & Martin, 2000) same-sex attraction, (Jones & Yarhouse, 2007; LeVay & Valente, 2003) and most recently non-heterosexual (Savin-Williams & Ream, 2007; Busseri, Willoughby, Chalmers

& Bogaert, 2008) have arisen in an attempt to more accurately capture the essence of the male to male and/or female to female sexual attraction. Cohen (2010) also uses same-sex attraction and homosexuality interchangeably, while Bailey, Dunne, & Martin (2000) describe sexual orientation as one's degree of sexual attraction to men or women which should be closely related to sexual experience with one sex or the other.

The sixth edition of the Publication manual of the American Psychological Association describes sexual orientation as: "an enduring pattern of attraction, behavior, emotion, identity and social contacts" (APA 2010, p. 74). Terms such as lesbian, gay men, bisexual men and bisexual women are preferable to homosexual when one is referring to people who identify this way.

> These terms refer primarily to *identities* and to the culture and communities that have developed among people who share those identities. As well, the term homosexuality has been associated with negative stereotypes, pathology and the reduction of people's identities to their sexual behavior. (APA, 2010)

Schneider, Brown & Glassgold, (2002) suggest that homosexuality and heterosexuality are "best conceptualized as being on a continuum (p. 266)." According to Cohen (2006 p. 18), "Homosexuality is not about sex, rather it is ultimately about rejection of and detachment from self, from others and from one's own gender identity."

Laumann, et al. (1994), stress the importance of social factors in facilitating change in sexual practice. A demographic shift has resulted in the development of a distinct urban 'single's culture in which multiple partnering was a more common occurrence and sexuality the object of an increasingly widespread consumerism (p. 104).

As one can envision, just identifying and describing the phenomenon of same-sex attraction itself has required a process of reformation and adaptation in order to adequately

capture the essence of same-sex attraction development. The term same-sex attraction is often used in lieu of homosexuality, especially among people who are uncomfortable applying the term homosexual to themselves.

> They view same-sex attraction as more of a description of their feelings, whereas homosexual seems to describe them as people. To them, saying, "I have same-sex attractions" is more accurate and acceptable than saying "I am homosexual," a label they may not consider applicable to themselves (Dallas & Heche, 2010, p. 107).

For the purpose of this study the following description of same-sex attraction, which comes from Hallman, (2008), seems to most accurately convey the meaning of SSA:

> Same-sex attraction includes any desire toward another individual of the same gender, in reality or fantasy, that may involve erotic feelings, sexually charged sensations or a strong preoccupation with nonsexual physical affection such as being held, hugged, casually touched or cuddled. The presence of SSA does not preclude the presence of opposite-sex attraction or behaviors. (p. 12)

Although this study uses same-sex attraction as a descriptor, prior research and quotations will implement the designations provided by previous researchers.

Same-sex Attraction Development

> We can no longer simply consider ideas according to the rules of logic and evidence, but must now take into account the political and polemical forces that surround them and gave them form. Henceforth, the history of ideas about homosexuality is at least as much about the history of opinion as it is of ideas (Lewis, 1988).

Sexual identity is a broad construct that has emerged as an increasingly important concept in the study of human sexuality and sexual behavior (Yarhouse & Tan, 2004). Sexual identity development is a complex, multidimensional and often fluid process. Consideration of cognitive, social, emotional, cultural and familial complexities among other aspects of the individual's experiences is important. No singular sexual identity model is capable of representing the diverse trajectories of male and female sexual identity development (Goldberg,

1992; Greenberg, 1988; LeVay, 1996; Telingator & Woyewodzic, 2011). Monimore, (1996), offers a balanced view:

> Homosexuality is a human condition that develops as do most other complex behavioral phenomena, through a complicated and quite distinctly human intermingling of many factors – biological, psychological and social. (p. xii)

No one knows what causes homosexuality (Reinisch, 1990). Homosexual behaviors have existed for thousands of years (Genesis 19; Leviticus 18:22) and are found in most societies, although Ford & Beach (1952) found that homosexuality is rare or absent in 29 out of 79 cultures surveyed. Whitehead and Whitehead (1999) indicate the prevalence of homosexuality has varied considerably in different cultures, in some it has been unknown; in others, it has been obligatory for all males. "Anthropologists have found huge variations in heterosexual and homosexual practice from culture to culture and sudden changes in sexual practice and orientation, even over a single generation (p. 116)."

Our current perception of homosexuality has its roots in the nineteenth century. It is then that people began to consider certain sexual behaviors to be the identifying characteristic of those who practiced them. Homosexuality stopped being what people did and became who people were (Hubbard & Wald, 1997).

The answers to questions about the origins of homosexuality frequently divide into opposing causal attributions. "Some attribute homosexuality to lifestyle choices while others believe it is innate, genetic in origin" (Haider-Markel & Joslyn, 2008, p. 292). Haider-Markel & Joslyn (2008) also found that individuals rely heavily on ideology, religion and life experience to form beliefs.

> Liberals rely on a biological attribution, which eliminates choice as the cause for homosexuality and thus avoids casting blame on gays for their distinctive sexual

> orientation. Conservatives prefer the environmental attribution which implies a degree of control involved in sexual orientation. Perceiving responsibility for the behavior naturally evokes questions about the morality of homosexuality. (p. 307)

Theoretical claims of the origin of homosexuality need to be understood within the context of the theorist's worldview. A recent statement by Zerrilli (2010), gives a glimpse of a worldview which seems to be growing strongly within psychology. "Opposition to homosexuality, in whatever form it appears, indicates not so much a lower intelligence in the individual but participation in a consensus of opinion which represents a lower order of intelligence attained by civilized man" (p. 29). It is at this juncture one needs to separate a developmental view of causation from the expectation that holding this view makes one 'opposed to' the homosexual or same-sex attracted. As Christians our stance needs to be pro-people, and as practitioners, pro-health and wholeness.

Questions for the Christian regarding theoretical claims are, "can they be confirmed?" and if confirmed, "are they compatible with, or contradicted by the Bible". A pro-gay theorist isn't likely to accept research indicating homosexuality springs from developmental disorders or unhealthy family dynamics, since his/her preconceived position is that homosexuality is normal. The Judeo-Christian will be skeptical of studies claiming that homosexuality is a normal, inborn variant. Our perceptions, born largely of worldview and experience are likely to color our conclusions. According to Dallas & Heche, (2010):

> Theories claiming homosexuality springs from family dynamics are suggesting something the Bible neither confirms nor denies, so at least they can be considered, whereas, theories insisting that homosexuality is normal and to be accepted because it's observable in nature, are to be rejected on the basis of equating the morality of mankind with that of the animal kingdom, as scripture is clear in its distinction between human beings and animals (p. 178).

As you will see, many of the following theories are neither contradicted nor confirmed by scripture, so they can at least be considered, provided we hold them loosely enough to respect both their strengths and flaws.

Freud stated, that the "sexual instincts are noticeable to us for their plasticity, their capacity for altering their aims," thereby laying the foundation for a neuroscientific understanding of sexuality and romantic plasticity (Strachey, 1965, p. 97). An understanding of the plasticity of sexual instincts allows the researcher to expand their understanding of potential variables in the development of same-sex attraction.

Several themes have been identified in SSA development including sexual orientation disparities in exposure to violence (Ellis & Ames, 1987; Ellis, Peckam, Ames & Burke, 1988; Roberts, Austin, Corliss, Vandermorris & Koenen , 2010); child sexual abuse (Balsam, Lehavot, Beadnell & Circo, 2010; Balsam, Rothblum & Beuchaine, 2005; Eskin, Kaynak-Denir, & Demir, 2005; Friedman, Marshal, Guadamuz, Wei, Wong, Saewyc & Stall, 2011; Laumann, Gagnon, Michael & Michaels, 1994; Roller, Martsolf, Draucker & Ross, 2009; Shrier & Johnson, 1988; Valente, S.M., 2005; Wilson & Widom, 2009); gender polarization (Bailey, Dunne & Martin, 2000; Bem, 1996; Landolt, Bartholomew, Saffrey, Oram & Pearlman, 2004); parental relationships (Bailey, Dunne, & Martin, 2000; Bieber, Dain, Dince, Drellich, Grand, Gundlach, Kremer, Rifkin, & Wilbur, 1962; Byne & Parsons, 1993; Evans, 1969; Greenson, 1968; van den Aarweg, 1997); genetics (Bem, 1996;); and generational transmission (Baily & Bell, 1993; Bailey, Pillard, Dawood, Miller, Farrer, Trivedi & Murphy, 1999).

Childhood Sexual Abuse (CSA).

According to the American Academy of Pediatrics (1999) sexual abuse occurs when

> A child is engaged in sexual activities that the child cannot comprehend, for which the child is developmentally unprepared and cannot give informed consent and or that violate the law or social taboos of society (p. 186).

CSA is associated with a number of long-term effects, including those related to sexual health (Roller, Martsolf, Draucker, & Ross, 2009). Roller, et.al, (2009) found that the majority of participants described aspects of their sexuality were influenced in some way by their CSA experiences.

> A few participants, especially men, reported falling in love with the adult who abused them and being devastated when the relationship ended. Many others indicated that the CSA influenced how they came to view themselves as sexual beings, experiencing shame, confusion and low self-esteem in regard to their sexuality (p.53) and questioned whether the abuse accounted for their sexual problems, contributed to their sexual orientation or caused their relationship and intimacy issues (p. 55).

Laumann, Gagnon, Michael, & Michaels (1994) indicated that the experiences of child sexual abuse triples likelihood of later homosexual orientation. Twenty-nine percent of adult children of homosexual parents also report sexual molestation by parent, compared to 0.6% of adult children of heterosexual parents.

A 2006 study of sexual orientation and risk (Saewyc, Skay, Richens, Reis, Poon & Murphy) stated "that sexual abuse accounted for a much higher percentage of the variance of HIV risk scores than sexual orientation alone did, however there was a significant interaction between abuse and orientation" (p. 1108).

Wilson and Widom, in their 2009 study wrote:

> Findings from this investigation provide tentative support for a relationship between childhood sexual abuse and same sex sexual relationships, but this relationship appeared only for men. That is, men with histories of childhood sexual abuse were more likely than men in a control group to report same sex sexual partnerships... [T]his evidence of a link between court-substantiated cases of childhood sexual abuse and same-sex partnerships reported by adult men 30 years later is a notable finding that adds to the literature on this topic...

However, the data available in this study did not provide information about when same-sex sexual attractions first emerged and whether this predated or followed the sexual abuse.

Turkish researchers, Eskin, Kaynak-Denir & Demir, (2005), found that CSA was not only associated with same-sex orientation, but also with mental health problems, and is a risk factor for suicidal ideation. They also discovered,

> that not only CSA but also the sex of the abuser was found to be associated with same-sex orientation, with sexual abuse by someone of one's own sex being found to be related to a same-sex orientation and that sexual orientation was associated with different levels of perceived parental closeness (p 186).

> Sexual abuse in childhood can disable self-esteem, self-concept, relationships and the ability to trust. It can also leave psychological trauma that compromises a boy's confidence in adults. "While some boys who willingly participate may adjust to sexual abuse, many others face complications such as reduced quality of life, impaired social relationships, less than optimal daily functioning and self-destructive behavior" (Valente, 2005, p 10).

Although researchers have studied sexual abuse of girls, young male victims have remained relatively unexamined (Ackard & Neumark-Sztainer, 2003; Haskett, Marziano & Dover, 2002). However, a qualitative study by Dorais (2002) contained data on the life stories of 24 year old males, finding that sexual abuse prompted the boys to question who they were and why this happened to them. Normal development of gender identity, self-esteem and self-concept was disrupted. The boys felt they must be flawed and that their behavior signaled they were less masculine, more vulnerable and more inadequate. Some feared that sexual abuse would make them homosexual or they must have been homosexual.

A 2009 study (Roller, Martsolf, Draucker & Ross) examining the sexuality of CSA survivors, of whom 47 were men, found that the majority of participants described aspects of their sexuality that were influenced in some way by their CSA experiences. "Many indicated that their abuse caused them to engage in high-risk sexual behaviors, such as having sex at an

early age, having many sexual partners, having frequent or unprotected sex and having sex while using drugs or alcohol to excess. CSA influenced how they came to view themselves as sexual beings. They talked about experiencing shame, confusion and low self-esteem with regard to their sexuality (p. 53)."

Previous studies have found elevated rates of PTSD - a mental disorder that develops in response to exposure to a potentially traumatic event, including violence (e.g. childhood abuse, sexual assault; effects of war) among sexual orientation minorities in comparison with heterosexuals (D'Augelli, Grossan & Starks, 2006). The 2010 study by Roberts, Austin, Corliss, Vandermorris and Koenen found:

> that lesbians, bisexual women and heterosexual women with same-sex partners reported higher prevalence of childhood maltreatment, roughly twice that of the reference group. They also found that the experience of unwanted sex was considerably more common among heterosexual men with any lifetime male sexual partners (12.7%), gay men (18.0%), and bisexual men (12.0%) than among the heterosexual reference group (2.2%) and childhood exposure to violence or maltreatment was also high among gay men (31.5%) (p. 2435).

Despite earlier studies (Laumann, Gagnon, Michael & Michaels, 1994; Shrier & Johnson, 1988) supporting a multidimensional causation of same-sex attraction which includes child sexual abuse, the American Psychiatric Association (2000) stated:

> No specific psychosocial or family dynamic cause for homosexuality has been identified, including histories of childhood sexual abuse. Sexual abuse does not appear to be more prevalent in children who grow up to identify as gay, lesbian, or bisexual, than in children who identify as heterosexual.

As of this writing, the APA has not revised their 2000 statement, despite the consistency of validated research throughout this decade providing evidence of sexual abuse and childhood environment contributing to the development of same-sex attraction.

Parental Relationships.

Although Reinisch (1990) states, "there is no evidence that male homosexuality is caused by a dominant mother and/or weak father" (p. 141), other studies (Bailey, Dunne, & Martin, 2000; Bieber, Dain, Dince, Drellich, Grand, Gundlach, Kremer, Rifkin, Wilbur & Bieber. 1962; Brown, 1963; Byne & Parsons, 1993; Evans, 1969; Greenson, 1968; Siegelman, 1974; van den Aarweg, 1984) dispute this. Early research in the area of homosexuality primarily focused on interactions and relationships between parents of homosexual males in their early childhood years.

Psychoanalytic theory research of the 1960s, 70s, and 80s indicate parental influence, mother/son enmeshment, and father/son distant, detached. Bieber, et al. (1962), replicated by Evans, 1969 and van den Aardweg (1984), supports detached father hypothesis. Bieber, from Yale Medical College and New York University, headed a team of 77 psychiatrists who treated and reported on 106 homosexual patients and 100 heterosexual ones to serve as controls. The nine-year study, *Homosexuality: A Psychoanalytical Study of Male Homosexuals* (1962) was the largest and most extensive on the origins of homosexuality and considered at the time a landmark in the field, held that disruptions in family relationships early in life contributed to a child's homosexual development. He summarized his findings as the classical homosexual triangular pattern being one where the mother is CBI (close-binding-intimate) with the son and is dominant and minimizing toward a husband, who is a detached father, particularly a hostile-detached one. From his statistical analysis he indicates that chances appear to be high that any son exposed to this parental combination will become homosexual or develop severe homosexual problems. The Bieber study concluded that a constructive, supportive, warmly-related father precludes the possibility of a homosexual son; he acts as a neutralizing, protective agent should

the mother make seductive or close-binding attempts (Bieber, Dain, Dince, Drellich, Grand, Gundlach, Kremer, Rifkin,Wilbur & Bieber, 1962).

Brown (1963) supported these statistics in his study of homosexual airmen and Evans (1969) supported Bieber et al. (1962) findings of great family dysfunction in the childhood of homosexuals (see: Siegelman, 1981). In 1968, Greenson offered the following theory: the male child, in order to attach a healthy sense of maleness, must replace the primary object of his identification, the mother, and must identify instead with the father. "I believe it is the difficulty inherent in this additional step of development, which is responsible for certain special problems in the man's gender identity" (p. 20).

A 1974 study which compared 307 homosexuals with a control group of 138 heterosexuals, both from clinical and nonclinical samples, confirmed Bieber's study, indicating, "homosexuals, in contrast to the heterosexuals, reported their fathers and mothers to be more rejecting and less loving" (Siegelman, 1974, p. 10). Thirty years after the Bieber study, the Archives of General Psychiatry found that the literature suggests that many, perhaps most, homosexual men report family constellations similar to those suggested by Bieber, to be causally associated with the development of homosexuality. This association has been observed in nonclinical, as well as clinical, samples (Byne & Parsons, 1993).

Gender Polarization.

Bem (1996) claims that gender polarization is the most common explanation for homosexuality. Bem (1996) offered a theory of erotic/romantic attraction which held that biological variables, such as genes, prenatal hormones and brain neuroanatomy, do not code for sexual orientation *per se*, but for childhood temperaments that influence a child's preferences for

sex-typical or sex-atypical activities and peers. These preferences lead children to feel different from opposite or same-sex peers. This, in turn, produces heightened nonspecific autonomic arousal, that subsequently gets eroticized to that same class of dissimilar peers; exotic becomes erotic. Bem in 1996, states that children who for gender reasons grow up feeling different from same-sex parent/peers, can develop same-sex attraction. Evidence supports an association between childhood gender nonconformity and sexual orientation; homosexual men tend to recall having been feminine as boys. The association between gender non-conformity and adult sexual orientation has been well documented and is so strong that Bem (1996) remarked: "It is difficult to think of other individual differences that so reliably and so strongly predict socially significant outcomes across the lifespan" (see Bailey, Dunne & Martin, 2000, p. 526).

Baily, Dunne, & Martin (2000) in a large study of Australian twins found consistent evidence that familial factors influence sexual orientation and two related traits, childhood gender nonconformity and continuous gender identity. It was difficult in general to disentangle genetic and shared environmental contributions to familial influences, though childhood gender nonconformity was significantly heritable in both men and women.

A study by Landolt, Bartholomew, Saffrey, Oram & Pearlman (2004) on gender nonconformity, childhood rejection and adult attachment with homosexual men suggests that gender nonconformity is one of several childhood factors associated with homosexual orientation. VanderLann, Gothreau, Bartlett & Vasey (2009) stated that heterosexual men reported significantly less childhood separation anxiety relative to all other groups and "childhood gender atypicality was significantly positively correlated with childhood separation anxiety among homosexual men, but not among members of other participant groups" (p. 1234).

Roberts, Rosario, Corliss, Koenen & Austin (2012) examined gender nonconformity as a risk indicator for childhood abuse and posttraumatic stress in youth and found that exposure to childhood physical, psychological and sexual abuse were elevated in youth in the top percentile of gender nonconformity. Gender nonconformity predicted increased risk of lifetime probability PTSD, although the study could not determine the causal relationship between abuse and gender nonconformity.

While some still view sexual orientation as a choice, research and experience show it to be an involuntary condition, not chosen, but discovered and deeply ingrained (Dallas & Heche, 2010). Laumann's, et al. 1994 study represents one of the most varied and comprehensive measures of different aspects of homosexuality to be collected on a representative sample of U.S. adults. For the purpose of analysis, their questions were divided to relate to homosexual experiences and feelings on three dimensions: behavior, desire and identity. Homosexuality is described as a complex, "multidimensional phenomenon whose salient features are related to one another in highly contingent and diverse ways" (p. 320), and there are marked gender differences in the report of same gender experiences that also interact in complex ways with age and education.

It is findings such as these that underscore the importance of understanding the social organization of sexuality throughout the life course and add support to the importance of this present study. As Laumann, et al. (1994) suggests, there is a need for further study in understanding sexuality.

Genetics.

Some research indicates that male homosexuality may run in families (Bailey & Bell, 1993; Bailey, Pillard, Dawood, Miller, Farrer, Trivedi & Murphy, 1999). Research in the area of biological theories for homosexuality since the 1980s has produced several theories including: adult hormonal hypothesis - (Gooren, 1988); prenatal hormonal hypothesis – sexual orientation hypothesized to be predetermined before birth (Ellis & Ames, 1987; Garcia-Falgueras & Swaab, 2010; Loche, Cappa, Ghizzoni, Maghnie, Savage, (eds), 2010); genetic theory - homosexuality is determined the moment of conception (Bailey & Pillard, 1991); and finally, maternal stress during pregnancy (Ellis & Ames, 1987).

Maternal Stress.

Additional research indicates that homosexuality may be related to maternal stress. A study (Dörner, Schenk, Schenk, Schmiedel & Ahrens (1983) of male babies born during WWII in Germany, to mothers who had experienced horrific conditions found, that the fetus was exposed to unusually high hormonal fluctuations. This longitudinal study also found an unusual number of male homosexuals born to these mothers. Ellis, Peckam, Ames & Burke (1988) in a follow-up study of 285 women with offspring 19 years of age and older, provided retrospective accounts of stressful experiences, beginning 12 months prior to pregnancy up to the point of giving birth. When weighted to severity, stressful experiences helped predict sexual orientation of male offspring. Their data suggest that "the most critical time in gestation for influencing human sexual orientation of male offspring is during the second trimester" (p. 152).

A 2001 study looking at genetic and epigenetic effects on sexual brain organization found that alterations of sex hormone levels during pre- or postnatal sexual brain organization and

responsible for long-term changes of sexual orientation and gender role behavior may be caused by genetic effects and epigenetic effects such as stressful situations. Some data suggest that endocrine disrupters may also be able to affect the development of sexual orientation (Dorner, Gotz, Rohde, Plagemann, Lindner, Peters & Ghanaati, 2001).

A "Gay Gene".

Heated debates continue over whether homosexuals are "born that way." In fact, groups on both sides of the argument have vigorously contended both for and against the idea that sexuality is biology. Noticeably missing from this debate is the notion, championed by Kinsey (Reinisch, 1990) that human sexual expression is as variable among people as many other complex traits.

The first major study linking male homosexuality to family inheritance was published in 1986. Using a sample of 50 "straight" (heterosexual) men and 51 "gay" (homosexual) men, researchers Weinrich and Pillard (1986) found that the straight men had far fewer gay brothers than the gay men had. Their observation was that, there is a significant familial component to male homosexuality. Other studies with similar designs have confirmed Weinrich and Pillard's (1986) general observation (Bailey & Pillard, 1991; Pillard, & Bailey, 1998).

Studies of un-separated twins suggest that homosexuality appears to run in families and is primarily due to genetic rather than familial environmental influences (Bailey, Pillard, Neale & Agyei, 1993). Evidence suggested that familial factors influence sexual orientation, as well as childhood gender nonconformity and continuous gender identity; although these factors were difficult to disentangle. However, in contrast to most prior twin studies of sexual orientation,

this study did not provide statistically significant support for the importance of genetic factors" in causing homosexual orientation (p. 536).

As early as 1974, Money concluded: "On the basis of present knowledge there is no basis on which to justify a hypothesis that homosexuals or bisexuals of any degree or type are chromosomally discrepant from heterosexuals (p. 67). Masters, Johnson & Kolodny (1984) stated that, "The genetic theory of homosexuality has generally been discarded today" and that "no serious scientist suggests that a simple cause-effect relationship applies" (p. 319-320).

Equifinality or Multifinality

The principles of equifinality and multifinality, derived from general systems theory, hold true for many disorders. Equifinality refers to the observation that in any open system (cf Mayr, 1964, 1988) a diversity of pathways, including chance events or what biologists refer to as nonlinear epigenesist, may lead to the same outcome (Cicchetti & Rogosch, 1999). Meyer (1950, 1957) considered the psychobiological approach to depict humans as integrated organisms such that their thoughts and emotions could affect their functioning all the way down to the cellular and biochemical, and conversely, occurrences at these lower biological levels could influence thinking and feeling. There seems to be a growing recognition of the role of the developing person as a processor of experience (Cicchetti, 2006).

Multifinality, on the other hand, refers to the concept that various outcomes may stem from similar beginnings. The principle of multifinality (Widen, 1980) maintains that one component my function differently depending on the organization of the system in which it operates (Cicchetti, 2006). "Individuals may begin on the same major pathway and, as a

function of their subsequent 'choices' exhibit very different patterns of adaptation" (Cicchetti, p. 13, 2006).

Cicchetti (2006) goes on to say that "an understanding of equifinality and multifinality in development encourages theorists and researchers to entertain more complex and varied approaches to how they conceptualize and investigate development" (p. 14).

Early physical abuse might lead to conduct disorder or to dysthymic disorder, depending on the person's predilections and the environmental supports for various symptoms; poverty predisposes one toward conduct disorder but also substance abuse disorder.

Although no one knows what causes homosexuality, current theory is that there are probably many different developmental paths (Reinisch, 1990). Sexual orientation is currently assumed to be shaped and reshaped by a cascade of choices made in the context of changing environments, circumstances, enormous social and cultural pressures and the context of considerable predispositions toward certain types of preferences (Jones & Yarhouse 2000; Landolt, Bartholomew, Saffrey, Oram & Perlman, 2004). It would seem that same-sex attraction development is a complex constellation of events, giving rise to the possibility of the equifinality of same-sex attraction.

While some still view sexual orientation as a simple choice, research and experience show it to be an intricately complex and perhaps involuntary condition, that it is discovered and deeply ingrained (Dallas & Heche, 2010). It is findings such as these that underscore the importance of understanding the social organization of sexuality throughout the life course and add support to the importance of this present study.

Cohen (1999) developed a detailed chart (on following page) explaining his concept of the development of same-sex attraction, which seems to expand on much of the above research in environmental causation and states that, "The severity of wounding in each category will have a direct impact on the amount of time and effort it will take to heal" (p. 29).

Prevalence

Our culture has been clouded with many misrepresentations regarding the causation and prevalence of homosexuality. Perhaps the most widespread has been the number most often presented of a 10% prevalence rate primarily based on the 1948 Kinsey report.

A recent (2012) Gallup poll asked Americans in an open-ended format to estimate the percentage of men and women who were homosexual. The average estimates were 21% of men were gay and 22% of women were lesbians. Findings from a 2011 poll puts the average at more than 25% of men and 25% women who are homosexual (Gallup, 2012).

But what does empirical research say? The Kinsey Institute New Report on Sex (Reinisch, 1990) suggests that it depends on how you define 'homosexual'. It helps to distinguish between a person's sexual orientation label (self-identity) and his or her actual behavior. For example:

> Research indicates that between 69 and 79% of men who label themselves homosexual have had sex with women and approximately one third of all males are thought to have had at least one same-sex experience leading to orgasm since puberty, yet only about four percent of men are exclusively homosexual throughout their entire lives (p. 139).

Laumann, Gagnon, Michael, Michaels (1994) presented a study of 5,000 respondents, and found that 2% of men and 0.9% of women identified themselves as homosexual; 0.8 of men

and 0.5% of women identified themselves as bisexual; 6.5% of men and 4.4% of women reported feeling attracted to the same sex, independent of their heterosexual involvement. Harry (1990) had found similar results in a well-designed and executed study.

Debates about a single number as a measure of incidence of homosexuality in the population, are based on the implicit assumption that homosexuality is and uniformly distributed in the population. This would fit with certain analogies to genetically or biologically based traits such as left-handedness or intelligence; however that is not what has been found.

Homosexuality is clearly distributed within categories of the social and demographic variables (Laumann, et al., 1994). Data indicates that:

> About 9% of 18-59 year old men living in the larges central cities in the U.S. currently identify as either homosexual or bi-sexual; a higher proportion (14%) have had male sex partners in the last five years; and an even higher proportion report some level of sexual attraction to other men (about 16%) (p. 307).

A 2005 study of over 8000 U.S. and Canadian college students found that although only 2% to 3% identified as homosexual, bisexual or uncertain, 6% to 8% indicated some same-sex attraction. These slightly same-sex oriented individuals were more numerous than those who expressed a strong same-sex attraction (Ellis, Robb & Burke, 2005).

Table 2.5 Cohen's Multiple Influences Chart (1999, p 29)

Heredity	**Temperance**	**Hetero-emotional wounds**	**Homo-emotional wounds**	**Sibling wounds/ Family dynamic**	**Body Image Wounds**	**Sexual Abuse**	**Social or Peer Wounds**	**Cultural Wounds**	**Other**
* Inherited Wounds * Unresolved Family Issues * Mis-perceptions * Mental Filters * Predilection For Rejection	* Hyper sensitive * High Maintenance * Artisitic Nature * Gender Non-conforming Behaviors: Male more Feminine; Female more masculine	* Enmesh-ment * Neglect * Abuse * Abandon-ment * Addictions * Imitation Of Behaviors * Wrong sex	* Neglect * Abuse * Enmesh-ment * Abandon-ment * Addictions * Imitation Of Behaviors * Wrong sex	* Put-Downs * Abuse * Name calling	* Late Bloomer * Physical Dis-abilities * Shorter * Skinner * Larger * Lack Of Co-ordin-ation	* Homo-Sexual Imprinting * Learned & Reinforced Behaviors * Substitute For Affection	* Name Calling * Put Downs * Goody-Goody * Teacher Pet * Non-athletic * No Rough/ Tumble (boy) * Too rough/ Tumble (girl)	* Media * Educa-tional System * Enter-tainment Industry * Internet * Porn-ograhy	* Divorce * Death & Inter-uterine Exper. * Adoption * Religion

Thompson and Morgan (2008) proposed that these individuals constitute a new non-heterosexual group, variously named 'mostly straight' or 'mostly heterosexual'. Vrangalova and

Savin-Williams (2010) tested whether sexual attitudes and experiences become more liberal as the degree of same-sex interests increase and found;

> "that as women's same-sex interests increased they manifested lower religiosity, greater interest in non-monogamy and marginally greater acceptance of casual sex. The degree of same-sex desires among heterosexually identified men was not significantly correlated with any outcome variables, although as they became less exclusive in their desires, they showed trends toward more liberal political attitudes and acceptance of non-monogamy" (p. 98).

Their study indicates that sexual orientation is a complex phenomenon. Respondents who reported any same-sex sexuality were significantly younger than those who claimed exclusive heterosexuality in all sexual orientation components indicating that age difference may reflect a developmental trend – non-exclusivity as one aspect to the heightened sexual exploration of typical adolescents and young adults (Diamond & Savin-Williams, 2008).

Studies in Adult Attachment and Sexuality

Literature review of studies in adult attachment within the framework of attachment theory and sexuality are especially important for the purposes of this study. Attachment theory proposes that parenting quality is an important influence on child development and subsequent adult relationships (Bowlby, 1988). To date, adult attachment has been studied largely in opposite-sex attracted samples.

According to Ridge & Feeney, (1998), the link between early parenting and sexual orientation remains open to question. Despite some limitations of retrospective measures of parenting, this study wishes to explore whether the link between early parenting and current attachment styles extends to SSA samples.

One Australian study by Ridge & Feeney (1998) looked at the applicability of attachment theory to the relationships of same-sex attracted men and women, with an emphasis on parental relationships. This study utilized questionnaires assessing attachment style (rather than the administered AAI) and found overall that the results suggest that insecure attachment may not be over-represented in SSA samples, but that insecure attachment is associated with less relationship satisfaction and problems related to the disclosure of sexual orientation. This seems to be the first study to investigate relationship history variables with respect to the joint influence of gender and attachment styles.

Although both SSA and opposite sex-attracted (OSA) samples reported similar patterns of attachment style according to self-report questionnaire, there was a high proportion of pre-occupied males in the SSA sample, but items assessing early parenting were not significant (Ridge & Feeney, 1998). Other studies, (Ashley, 2003; Mohr, 2008; Mohr, & Fassinger, 2003), have focused respectively on developing male identity through attachment theory, romantic attachment in same-sex couples and self-acceptance/self-disclosure from an attachment perspective. These studies also used self-report instruments rather than utilizing the Adult Attachment Interview.

As of this writing, research exploring the attachment histories of Christian men experiencing same-sex attraction, utilizing the AAI, has not been found. Further research is needed to understand possible themes of attachment style, using the AAI for same-sex attracted males, in order to inform effective practice with individuals who have goals to regulate these behaviors.

A Synthesis of the Literature

An overview of primary literature in the area of focus for this study has been explored in order to provide a comprehensive summary on the subjects of attachment and same-sex attracted individuals. Beginning with a summary of attachment theory and research into attachment assessments, including a short review of the Strange Situation and a more comprehensive overview of the Adult Attachment Interview, the stage is prepared for the present study.

This literature review provides a basis for understanding the complexity of same sex attraction, as well as offering insight into the dynamics of attachment theory and how it may influence development. Attachment theory has been well validated and found reliable over the period of some sixty years and has now become a widely respected meta-theory. A basic understanding of Attachment Theory was reviewed in order to orient the reader to the importance of this study. Locating same-sex attraction within an attachment theory framework is perhaps a new way of looking at sexual identity development, which could have impact for clinical practice.

The Adult Attachment Interview has been utilized in a wide variety of specialized population studies, which this literature review presents. As the Adult Attachment Interview literature suggests, there have been over 10,000 studies of different populations since this psychometric device was developed. Attachment research indicates that this instrument holds the key to many of our questions regarding the issues that clients struggle with and provides therapists with deeper and more knowledgeable insight with which to help such clients to reach their goals in counseling (Bakermans-Kranenburg & van IJzendoorn, 2009).

The present study's exploration of SSA and attachment themes may shed light on the attachment history of those who want to address their sexual thoughts and behaviors in

treatment. These insights may be helpful for case conceptualization and treatment planning. It is imperative that the research speak for itself, illuminating lived experiences of the men providing reliable and valid data, which will be properly recorded, coded and analyzed. This review now leads to chapter three, with its focus on research methods, including an in-depth interview designed to reflect the attachment experiences of Christian men with same-sex attraction, in order to expand on the AAI, and a detailed report on the methods used for data collection and analysis.

CHAPTER THREE: RESEARCH METHODS

Introduction/Overview

Qualitative research in general, and phenomenology in particular, are dedicated to the concept of describing and interpreting the human condition from the perspective of the individual being studied (Creswell, 2007). Phenomenology is both a philosophy and a qualitative research method (van Manen, 1990). For the purpose of this study, phenomenology refers primarily to a qualitative research method concerned with understanding the phenomenon from the perspective of the SSA men being studied. This chapter presents an introduction to the philosophy of phenomenology and describes the design that will be used in this study.

Phenomenological Research

The aim of phenomenology is captured by the slogan 'back to the things themselves' (Eagleton, 1983, p. 56). According to Welman and Kruger (1999), " phenomenologists are concerned with understanding social and psychological phenomena from the perspectives of people involved" (p. 189). From a phenomenological point of view, "to do research is always to question the way we experience the world, to want to know the world in which we live as human beings" (van Manen, 1990, p. 5).

Creswell (2007) describes two approaches to "phenomenology: hermeneutic phenomenology and empirical, transcendental, or psychological phenomenology" (p. 59). Hermeneutical phenomenology is oriented toward lived experience and the interpretation of the

'texts of life' (van Manen, 1990, p. 4). Transcendental or psychological phenomenology is focused more on a description of the experiences of the participants (Moustakas, 1994).

Moustakas (1994) follows the concepts of the German philosopher, Edmund Husserl, who "sought to develop a new philosophical method which would lend absolute certainty to a disintegrating civilization" (Eagleton 1983, p. 54). Although the origins of phenomenology can be traced back to Kant and Hegel, Vandenberg (1997), regards Husserl as "the fountainhead of phenomenology in the twentieth century" (p. 11).

Husserl derived the term bracketing, also called "*epoché* or phenomenological reduction" (Creswell, 2007, p. 235), from the act of suspending judgment about the natural world. Bracketing involves setting aside the question of the real existence of the contemplated object, as well as all other questions, about its physical or objective nature. Everyday understandings, judgments and knowing are set aside, and the phenomenon is revisited, freshly, naively in a wide open sense. The world is placed 'out of action', while remaining bracketed (Moustakas, 1994). In order to describe a phenomenon from the perspective of those who have experienced it, researchers are encouraged to develop the mindful practice of 'bracketing' their assumptions.

The procedures of empirical transcendental phenomenology as outlined by Moustakas (1994) include: identifying the phenomenon of study, bracketing out one's experiences and collecting data from several persons who have experienced the phenomenon being studied. Analysis of data comes from themes found within the transcribed documents.

According to van Manen (1990), hermeneutic phenomenology is a human science that studies persons and is fundamentally a writing activity. Research and writing are aspects of one process. Phenomenological human science is discovery oriented. The task then of

phenomenological research is to construct a possible interpretation of the nature of a certain human experience (van Manen, 1990).

The methodology of phenomenology posits an approach toward research that aims at being presuppositionless – trying to ward off tendencies toward a predetermined set of fixed procedures, techniques and concepts. "We try to come to terms with our assumptions, not in order to forget them, but rather to hold them deliberately at bay and even to turn this knowledge against itself, as it were, thereby exposing its shallow and concealing character" (van Manen, 1990, p. 47).

The real understanding of phenomenology can only be accomplished by actively doing it. The use of phenomenological research methodology then, in this study, will incorporate both the perspectives of Moustakas empirical transcendental phenomenology (1990) and van Manen's (1997) hermeneutical "texts of life" to construct a possible interpretation of the nature of early childhood experiences.

While attempting to mindfully 'bracket' assumptions concerning same-sex attracted individuals, the researcher also hopes to uncover meanings that these individuals have applied to the experiences of their lives. With this focus the researcher will facilitate a deeper understanding of the experience of attachment patterns and lived experiences of Christian men who experience same-sex attraction.

Research Design

> Every project of phenomenological inquiry is driven by a commitment of turning to an abiding concern… it is always a project of someone: a real person, who in the context of a particular individual, social and historical life circumstance, sets out to make sense of a certain aspect of human existence (van Manen, 1990 p. 31).

In phenomenological studies the research question(s) grow out of an "intense interest in a particular problem or topic" (Moustakas, 1994, p. 104). Consistent with this approach, personal experience and inquiry, this study investigates the early childhood lived experiences of same-sex attracted men and analyzes the data that emerges from this exploration.

The epistemological position regarding this study can be formulated as follows: data are contained within the perspectives of each identified same-sex attracted man; each participant is engaged in interviews, and thereby in the collecting of data. The intention of this research, at the outset (preliminary focus), is to describe the early childhood experiences of Christian men experiencing same-sex attraction. The following is a breakdown of the process and methods of data generation and analysis.

1) The Problem and Question Formulation – The Phenomenon: Same-sex attraction.

2) The Data Generating Situation – The Protocol Life Text: In-depth Interviews and the Adult Attachment Interview.

3) The Data Analysis – Explication and Interpretation: Data is audio-taped and transcribed verbatim. Once collected it is read and scrutinized to reveal structure, meaning, configuration, coherence and the circumstances of their occurrence and clustering with emphasis on the study of configuration (von Eckartsberg, 1986, p.27).

The methods of analysis for each transcript are as follows:

1) The researcher reads the entire transcript to get a sense of the whole.

2) The researcher reads the entire transcript more slowly and delineates each time that a transition in meaning is perceived with respect to the intention of discovering the meaning.

3) The researcher then eliminates redundancies and clarifies the meaning of the units or themes, relating them to each other and to the sense of the whole.

4) The researcher reflects on the themes, still expressed in the concrete language of the subject; each theme systematically interrogated for what it reveals, then the researcher transforms each theme into the language of psychological science.

5) The researcher synthesizes and integrates the insights achieved into a consistent description of the structure of learning.

(Girogi, 1979, as found in Moustakas, 1994, p. 13).

The qualities of the experience become the focus, filling in or the completing of the nature become the challenge (Moustakas, 1994).

The Research Questions

It is important to select a clear focus for research, from which the researcher can continually refer throughout the inquiry (Sosin, 2008). Listed below is a review of the research questions that frame the study:

1. What are the differences in states of mind with respect to attachment in a sample of Christian men (participants) who are seeking treatment for SSA?
2. How do participants describe their attachment experiences?
3. How do participants understand the impact of their early relationships on their faith and SSA?
4. How do participant responses compare and contrast?

Data is to be retrieved through open-ended questioning and the semi-structured AAI which will be audio-taped, then transcribed verbatim, and categorized into a thematic structure.

Criteria for Participation

In order to contain the study within the parameters of the research questions, individuals included in this study will be:

- Self-identified same-sex attracted men who experience unwanted same-sex attraction (identified by completing a demographic questionnaire (Appendix B)
- Christian as identified by agreement with the Apostle's Creed; (Appendix E)
- Previous or current involvement in, receiving counseling for struggles with same-sex attraction

Limiting the study with these criteria helps identify a specific group of Christian men experiencing same-sex attraction and seeking help for unwanted same-sex attraction.

The Sample

Due to the sensitive nature of the interviews and in order to protect the subjects involved in this study from potential risks, this study meets the requirements of The Liberty University Institutional Review Board (IRB) which exists to protect the rights and welfare of human participants volunteering in any academic research study. This ensures that the privacy of participants and the confidentiality of data collected will be guarded with utmost integrity.

The purposive sampling, chosen for this study is considered by Welman and Kruger (1999) the most important kind of non-probability sampling to identify the primary participants. Seven Christian men experiencing same sex attraction, who have sought or are in counselling for such experiences, will be drawn by voluntary participation, from an area Christian counsellor.

In order to trace additional participants, if necessary, snowball sampling will be used. Snowballing is a method of expanding the sample by asking one informant or participant to recommend others for interviewing (Babbie, 1995). The interviewees will be asked to give, at their discretion, the names and contact details of persons based on the aforementioned criteria for participant selection.

Methods of Data Collection

The primary means of data collection in phenomenological research are informal conversational taped interviews, although other means of data collection, such as close

observation and analysis of documents (such as diaries, journals, and logs), are sometimes utilized as well (Moustakas, 1994; van Manen, 1990).

As identified above, the criteria for SSA men will be: self-defined same-sex attracted Christian men experiencing same-sex attraction and who sought or are in counselling for same sex-attraction issues. In order to ensure ethical research, informed consent based on Bailey's (1996) recommended items (see Appendix A) will be utilized. The 'informed consent agreement' form will be explained to participants at the beginning of each interview. Previous to the actual interview, a telephone interview to complete the demographic questionnaire will be in initiated.

The subsequent interview format for this study is highly conversational with both structured and unstructured questioning, allowing the participants to relate their own life stories for the purpose of gathering "narrative materials" which will serve as a resource for developing a richer and deeper understanding" (van Manen, 1990, p. 66) of early childhood attachment and same-sex attraction.

Protection of Participants

The benefits for participants in this study include knowing that sharing their story may help others and further the knowledge base for researchers and clinicians. With benefits there are also risks to be realized. Because ethical research involves protecting participants from potential risks (Creswell, 2003, Kazdin, 2003), all volunteers will be notified prior to the interview (at the time of completing the mailed questionnaires) that the study could include possible feelings of discomfort, emotional pain, anxiety, anger and/or sadness. It is important

that the risks be minimized as much as possible, therefore the following safeguards will be incorporated in the interview, data collection, and analysis phases.

During the Interview

The risks of participation in this study may include participant's initial discomfort in reviewing and sharing parts of their history, which may cause them to feel awkward or emotionally 'exposed'. The interviewer will attempt to minimize those risks by making the participant as comfortable as possible and by adhering to the confidentiality practices suggested in the following section. All interviews are of a voluntary nature. The participant may withdraw from this study at any time without consequence.

Should participants become distraught during the interview process; the counsellor will immediately suspend the interview and offer the following suggestions to the participant:

- Immediate discontinuing of the interview
- Sufficient time for emotional re-gathering and then continuing the interview, with the possibility of discontinuing the interview at any point
- Referral to professional local Christian therapist(s) specializing in same-sex attraction.

Data Protection

The records of this study will be kept private. The dissertation report, or any subsequent journal publications or presentations, will not include any information that will make it possible to identify the subject. All transcribed and recorded data will be coded in such a way that identity is protected.

Data Storage.

A formal consent form (Appendix A) detailing methods of confidentiality, will accompany the initial mailing to prospective participants. Data will be stored in locked file cabinets and/or password protected computer files located at Still Waters Professional Christian Counselling for a minimum of three years. Access to these files will be given only to the researcher.

Email will be used if the participant wishes to ask questions or clarify aspects of the research. Any email correspondence will be confidential to the degree the technology allows. Each email will include the following statement: This message is intended only for the addressee(s) and contains information that is considered to be sensitive or confidential and may not be forwarded or disclosed to any other party without the permission of the sender. All emails sent will be double-checked to be certain that the address is correct, thereby reducing the probability of the email going to the wrong address. The researcher will not check emails in any public places where wi fi is available but unsecured. Email will be opened in Mircosoft Outlook with high level password protection.

Data Collection

Data collection will begin with the demographic questionnaire regarding participant's age, socioeconomic status, race/ethnicity, sexual orientation, years of education, geographic location, religious denomination, degree of religiosity and previous therapy experience, and sexual orientation (Appendix A). The phenomenological interview will then be scheduled at the predetermined locations (Emmanuel Bible College, Kitchener, Ontario; John Howard private counselling centre, Barrie, Ontario; Still Waters Professional Christian Counselling, Dundalk, Ontario).

The interviews will be delivered by a counseling student trained in the AAI interview protocol (Appendix E) who will follow the detailed protocol for the interview. The phenomenological questions (Appendix D) will also be asked in the exact order and content given to ensure the consistency and accuracy of each interview. The entire interview will be digitally recorded. This data will be erased after transcript coding is completed.

The Adult Attachment Interview (Appendix E), which features questions designed to honor the lived experience of the individual and suited to a phenomenological study, will focus on the individual's description of their early childhood experiences. Although the AAI lends itself to a phenomenological study, it is also structured and attachment themes are identified, therefore allowing the researcher to explore these themes for the individuals interviewed. A sample of these questions follows:

> *"I'd like you to try to describe your relationship with your parents as a young child if you could start from as far back as you can remember?"*
>
> **"***Now I'd like to ask you to choose five adjectives or words that reflect your relationship with your mother (also father) starting from as far back as you can remember in early childhood--as early as you can go, but say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think for a minute...then I'd like to ask you why you chose them. I'll write each one down as you give them to me".*
>
> *"You described your childhood relationship with your mother as (or, `your first adjective was", or "the first word you used was"). Can you think of a memory or an incident that would illustrate why you chose to describe the relationship?"*
>
> *"I was just wondering, do you remember being held by either of your parents at any of these times--I mean, when you were upset, or hurt, or ill?"*

Several studies have documented the power of the AAI to predict parenting and subsequent infant-parent attachment and more generally, to predict the quality of the individual's relationships with significant others (Cassidy & Shaver, 2008; Hesse, 2008, van Ijzendoorn, 1995). The AAI measures the representation of attachment experiences in the mind of

individuals who provide a verbal account of those experiences in less or more coherent ways. Each interview will be digitally recorded and then transcribed verbatim; each interviewee will be assigned a code, for example - Participant 5, December, 2012.

Several open-ended questions which will follow the AAI, are listed below and in Appendix D, while the entire adult attachment interview is found in Appendix (E).

1. Considering your inclination toward same-sex attraction, can you describe your early childhood relationship with your parents?
2. Continuing along those same lines, can you share what peer relationships may have been like in those early years?
3. How did close relationships in your early childhood influence your Christian walk?
4. How did close relationships in your early childhood influence same-sex attraction?
5. Do you think your faith has influenced your SSA?

Data Analysis and Synthesis

As previously mentioned, data analysis will begin with the returned questionnaires in order to ascertain if the respondents fit the criteria for inclusion in this study. Individual digitally recorded interviews will then be completed, transcripts reviewed, coded and analyzed

The initial same-sex attraction answers will be recorded and each interview reviewed to compare possible repeating themes. The answers to the all interview questions will be recorded in a matrix.

Bloomberg & Volpe (2008), explain a sample matrix which itemizes each question in the interview. Opposite each question will be a space to evaluate the attachment experiences of this sample of Christian same-sex attracted men. Also included in the matrix is space to evaluate the responses to the second research question. The matrix in this study will then allow the

researcher ease of access in establishing how each question interacts with the research questions, thereby allowing a 'visual' analysis of the developing of themes in the areas of early childhood experiences and same-sex attraction. Subsequent data analysis matrixes such as data summary tables (Bloomberg & Volpe, 2008, p. 208-213) will be established as the study progresses.

Summary

This chapter provided an overview of the phenomenological method to be used as well as the reasons for using this particular method of research. Details were explained regarding the research questions, data collection, data analysis, and procedures including a research matrix to be utilized to synthesize data.

There is value to the scientific community in identifying early childhood lived experiences of same-sex attracted Christian men who are seeking therapy for unwanted SSA. This study could help counselors to gain a deeper understanding of the lived experience of men struggling with SSA, thereby enabling the therapist to implement empirically sound attachment models of counseling to enhance therapy treatment. This study can also be utilized by the Christian church at large to gain deeper understanding and insight into the issues of SSA and homosexuality in order to provide a ministry of love, grace and truth to those struggling with unwanted same-sex attraction.

CHAPTER FOUR: FINDINGS

Introduction

> Perhaps no group of people finds itself as much a casualty of a war that has already been won than those Christians who contend with same-sex attraction. After all, they believe that Christ secured them victory, and they enjoy the knowledge of salvation. Yet, they continue to struggle with homosexual desires and they do not believe that these attractions reflect God's best for them (Yarhouse & Burkett, 2003, p. 3).

The purpose of this study was to add to the empirical research on Adult Attachment and same-sex attraction, with a specific focus on Christian men. This chapter presents the findings, or themes, derived from a qualitative analysis of the research data. Considering the data as stories, in this case – life stories, helps researchers to interpret and organize data more creatively (Coffey & Atkinson, 1996). The choice of research findings in this chapter is guided by the researcher's judgment of their importance to this study and to answer the following four research questions:

- What are the differences, if any, in states of mind with respect to attachment in a sample of Christian men who are seeking treatment for same-sex attraction?
- How do Christian men experiencing SSA describe their attachment?
- How do participants understand the impact of their early relationships on their faith and same-sex attraction?
- How do the participants compare and contrast?

This study readily lends itself to the element of themes, which according to Van Manen is often applied to some thesis, doctrine or message that a creative work has been designed to incorporate. Phenomenological themes are, metaphorically speaking, more like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes (Van Manen, 1990, p. 90).

Analysis of the data followed a modification of the Van Kaam (1956, 1966) method explained by Moustakas (1994). Each transcript was separately analyzed, initially through the Adult Attachment Inventory coding system and then through thematic reduction. Moments of experience were extracted for understanding and labeling. Invariant or constant elements of experience were clustered and labeled as core themes of experience. These elements and the accompanying themes were checked to be expressed explicitly in the complete transcription. Utilization of the Adult Attachment Inventory coding system efficiently accelerated the thematic conversion.

In this chapter, findings from the interviews with the seven research participants are presented. Participant's stories are described in terms of memories of their early childhood experience, same-sex attraction, and Christian experience as told during the AAI and in-depth interviews. Individual, structural descriptions of their experience are then presented through vignettes. First, an explanation of the Adult Attachment Inventory coding is given, followed by a description of the research participants as a group. The research participants as individuals are then explored. State of mind with regard to attachment is discussed, followed by inferred parental behavior. Emergent themes are then identified within the in-depth interview. The chapter concludes with the research findings including primary, secondary, and sub-themes established in both interviews.

Adult Attachment Inventory Coding Overview

The research described herein identifies what roles, if any, attachment relationships and current state of mind with regard to attachment might have in this sample of Christian men experiencing same-sex attraction. The Adult Attachment interviews were closely examined

through a structured coding format in which the researcher is fully trained and certified. While this coding format is not phenomenological in design, the researcher followed much the same format used by Spieker, Solchany, McKenna, DeKlyen and Barnard (2003) wherein AAIs were coded inductively, beginning with open coding, going line by line through all seven transcripts on four separate readings. After this, AAI categories were constructed from the coded text. These codes provide the initial organization of the raw data. This coding concept focuses on the attitude and response to the adult attachment interview, which reveals the state of mind with respect to attachment. As well, the in-depth questions helped provide an analytic description of faith and same-sex attraction from the narratives of Christian men, which was not affected by prior assumptions or bias. This enabled the interview to breathe and speak for itself (Bloomberg & Volpe, 2008).

AAI experience scales were derived from inferred parental behavior in childhood, which includes: loving, rejection, role-reversing/involving, neglecting and pressure to achieve. These behaviors were scored on nine-point scales according to the judge's best estimate of parental probable behavior during childhood, starting from the earliest memories and moving forward to about 14 years of age. Abuse and loss through death were also identified at this time. After this, current state of mind was assessed with respect to the discourse and relevant to several continuous scales designed to capture salient attachment-related aspects of the speaker's present state of mind. The classification then assigned to a given AAI transcript was based entirely upon the speaker's apparent state of mind, rather than their reported attachment history. In all cases single statements or passages relevant to a given scale were noted (Main, Goldwyn & Hesse, 2002). The clinical significance of the AAI is observed in intergenerational patterns of attachment (Main, et al., 1985; IJzendoorn, 1995). Individual differences in parental sensitivity

that underpin infant-parent patterns of attachment are also revealed with this instrument (Bakermans-Kraneburg, van IJzendoor, & Juffer, 2003).

Below is a review of the three central or organized classifications.

1. Secure-autonomous (F categories): usually the majority of speakers in low-risk samples.
2. Dismissing of attachment (D categories): a sizable minority of low-risk samples.
3. Preoccupied with past attachment relationships/experiences (E categories): a smaller minority of low-risk samples.

Two further primary classifications include:

4. Unresolved/Disorganized (U/d categories): with respect to trauma and or loss through death.
5. Cannot classify (CC category): utilized when no single state of mind with respect to attachment is predominant – relatively rare in low-risk samples. (Main, Goldwyn & Hesse, 2002).

Most often sub-classifications were also assigned. The secure-autonomous category includes sub-category descriptors which identified texts that were prototypically secure (F3), secure but containing elements of dismissing transcripts (F1, F2), and secure with elements of preoccupation (F4, F5). After identifying a preoccupied transcript (E), further sub-categories of: angrily preoccupied (E2), passively (E1), and or fearfully preoccupied (E3) were recorded (Main, Goldwyn & Hesse, 2002).

Inter-rater reliability was incorporated for two of the seven transcripts in this study. Some qualitative researchers argue that assessing inter-rater reliability is an important method for ensuring rigour (Marshall & Rossman 1989; Mays & Pope, 1995), others that it is unimportant (Denzen (1978; Denzen, & Lincoln, (1994). Inter-rater reliability was formally examined in a preliminary study by Armstrong, Gosling, Weinman & Marteau (1997) showing close agreement on the basic themes although each analyst `packaged' the themes differently. In the present study

the use of the AAI coding system allowed for rigorous inter-rater reliability and was found to correlate strongly with the researcher's assessment, matching all major themes.

The Research Participants as a Group

The participants who agreed to participate in this study had several things in common. All were self-identified Christian believers, meaning that while they attended different denominations they all held to the basic tenants of the Christian faith. These men also self-identified as having attended counseling for issues resulting from same-sex attraction.

Demographically all the men lived in Canada, although one had previously resided in the United States. All were raised in and presently reside in cities, rather than rural areas. These individuals were white/Caucasian males, five who came from middle-income families, two who were from low-income families. Six of the participants had above average educations. One had earned a Ph.D. another had an M.A, still another five years of university but uncompleted degree. Others had either attended colleges or had completed college diplomas and one had finished high school. Five of the participants were presently married, two for over 35 years, one was divorced and one was single. These men ranged in age from 25 to 65, with two men in their 60s and the rest between 25 and 51.

In terms of religious upbringing the majority of the participants came from homes where they were required to attend church weekly. Some found their parent's Christian stance rigid, other's helpful: one came from a nominal Christian influence and one from a non-churched family. With regard to a subjective perspective of spirituality at this point in their lives, five participants indicated a high level of spirituality and two a medium level.

Six participants had been intimate with someone of their own sex, leading to orgasm. In response to demographic question five: "How do you currently consider your sexual attraction?" The following answers were noted: Six participants considered themselves as feeling sexually attracted to both men and women; (the two long term married also indicated that they had been faithful to their wives and had not participated SSA activities outside of marriage, both of these men described choosing to control SSA desires). Two individuals considered themselves to be sexually attracted to males only. While the majority of these individuals had found counseling very helpful, two found it unhelpful, another found it only mildly helpful, but none indicated that counseling was destructive. All participants had experienced significant unresolved losses of loved ones through death during their lives.

The Research Participants as Individuals

The researcher used the participants' reports of their lived experiences to develop a qualitative database of themes characteristic of this sample of Christian men experiencing same-sex attraction. Excerpts from individual transcripts are included in this section. In order to allow for ease of reading, bracketing [ ] is used to identify places in the vignettes where the interviewer responds with subtleties such as *okay, uh huh, yes* and so on. In instances where the interviewer interjects a probe, the question is also placed in brackets and italicized. Bracketing is also used when the researcher was required to omit place and person names to ensure confidentiality. The use of three dots … depicts a slight pause in discourse of the participant, while [further on]… indicates that the researcher has eliminated part of the paragraph due to length.

Introducing the Participants

An introduction and brief description of each participant (pseudonyms used) in the study follows. There is no particular order in which the participants are described, although the researcher attempted to remain as consistent as possible in order to synthesize with the tables and charts.

Mark.

Mark (51), the second child in his family, was born in Canada four years after his sister. He lived with both parents and his sister throughout his childhood. Mark indicated that his family maintained a mid-level socio-economic status (SES). He was raised 'in the church.' In saying this Mark is indicating that his parents were very involved in church life and put a high priority on piety and service, a philosophy they handed down to their children. Mark's maternal grandparents also lived a very devoted Christian life and Mark liked to visit regularly, during which times he would share in devotions and chat about theology with his grandfather. For Mark, faith in Christ has always been integral to life. Mark experienced rejection in his relationship with his father throughout childhood. His mother would confide in him about her own problems remaining highly involving/enmeshing throughout his childhood.

Mark had experienced same-sex attraction since the age of twelve, although he did experience some sexual curiosity about boys as a younger child and currently considers himself as being attracted to both men and women. Mark experienced same sex activity with a cousin from an early age, which continued throughout childhood. Mark, a well-educated man with a Ph.D., described himself as being highly spiritual. Mark has three adult children.

Samuel.

Samuel (65), raised by both parents, had an older sister born overseas and a younger brother who was born with brain damage. He indicated that his parents were 'nominal' Christians, they went to church twice a year; but remembered that his mother had taught him to pray as a young child.

Samuel indicated that his family was mid-level SES. His father was a salesman, while his mother a homemaker. Samuel's experience of his relationship with his father was one of both rejection and neglect. His mother was moderately loving, with some indications of rejection. Samuel was highly educated with a Master of Divinity and indicated a high level of spirituality. He articulated a very personal experience with God during his confirmation in grade 10, in which God "became so real that I felt like He was sitting beside me". This experience changed his life as he "felt waves of love wash over" him.

Samuel's curiosity about other boys developed into SSA in high school. He struggled with the sense that he could never measure up (in stature) to other boys; "I just don't have the body." Although Samuel talked about SSA, he also indicates that he controls that desire and has been faithful to his wife over the 35 years of their marriage. He describes his level of spirituality as high. Samuel is the father of two adult biological daughters and an adopted son.

Jacob.

Jacob (63) has experienced SSA since the age of 12. He was raised by both parents and had two older brothers and two younger sisters. Jacob indicated that his family was middle-level SES. Levels of rejection and neglect with regard to his parents were observable. Jacob was raised "in the church" but didn't really feel "loved by my parents… and that's how it was with

Jesus, it was never a good relationship." There was no indication of deep spirituality in his childhood or youth, as he saw the church and his parents as rigid and rule oriented. Jacob's intrinsic spiritual experience with God came much later in his life during a mission trip to Haiti.

Jacob suggested that SSA seemed to intensify after the loss of a girlfriend in high school. He does not indicate current struggles with SSA and stated that he is sexually attracted and faithful to his wife of 33 years. Jacob has two adult children, one daughter and one son.

Isaiah.

Isaiah (35) has a college diploma in furniture design. He began his interview by explaining that his mother was pregnant with him when his parents were separating. His mom did not want another baby and the "timing was bad." His father was never a big part of his life and he states that "he was a momma's boy" which at times as he was maturing was a 'little bit embarrassing." Isaiah is the only man in the study to assert that he experienced feeling more female in gender as a young child and being interested in what boys looked like. He stated that he had two older brothers and his single parent household was on the low-level of the SES scale. Isaiah's mother modeled Christianity and they went to church weekly as a young family, but at some point he quit going. At age 14 he chose to go back to the church of his early years, and his friends there became a constant [positive] peer group for him.

Although Isaiah considers his SSA to be biological in origin, he also explained several experiences of sexual abuse in his teen years, the most significant one with his uncle who had become a father figure to him. Isaiah is married, without children.

Joseph.

Joseph (49) is married with two sons, aged 18 and fifteen. He was the youngest of four children. His parents separated for approximately six months when he was in grade seven. Joseph describes his father as a very passive, disconnected man. He remembers being very attached to his mother. He stated, "I just kind of clung to her." His mother scored extremely high on the AAI involved and role reversing scale.

Joseph maintained that his family was in the low to mid-level SES. He completed high school and had 1½ years of post-secondary education. Although Joseph went to church a few times in childhood, it was during the time of his parent's separation, when he was 13 that he began to attend church every Sunday with the family of his best friend. He talks about "watching the connection and all the love in this family" which was very attractive to him and very much changed the direction of his life as he continued on to attend Bible College. Joseph described himself as being highly spiritual.

Joseph's struggle with SSA began with molestation around grade six by a cousin, then later sexual abuse by an employer. He also described having several girlfriends and his fear of becoming SSA. Joseph stated that his faith has absolutely influenced his SSA as he experienced a spiritual relationship with God at the very age when he was beginning to struggle with sexual abuse.

Luke.

Luke (32) is currently divorced with no children. He obtained a Biology and English degree and an incomplete general science degree. He was raised in a mid-level SES family with one younger and one older brother. Luke describes his relationship with his father as moderately

rejecting, while his relationship with his mother was shown to be involving. His immediate family was consistent church attenders, as was all of their extended family. Luke described religion as being very significant to him, yet more tied to the culture than a spiritual experience and he defined his present degree of spirituality as medium.

With respect to SSA, Luke remembered having SSA crushes in grade seven, and had a sexual experience with his cousin and one of the foster children in his home around grade seven and eight. Luke indicated that he no longer struggles with SSA as he had come to the place of accepting it as part of who he is and incorporating it in to his religious experience.

Amos.

The final participant, Amos (23), described a dysfunctional family of origin with a low SES. His father was strongly rejecting of him and physically abusive, while his mother, an alcoholic, was moderately neglectful, moderately role reversing, and physically abusive. He had one older sister and is unmarried.

As a young child Amos' mother would take him and his sister to church and some church sponsored social events, but she left the church when he was 11. At 15 Amos "became a Christian" by making a decision to put God before all else. His struggle with his faith had been to understand the good father aspect of God. Discovering the emotional aspect that "God was on my side" was a powerful experience for him.

SSA experiences began as a result of involvement with SSA friends. Amos stated that he never delved too far into SSA, as he had maintained an emotional disconnect from same-sex attraction.

Table 4:1 Participant Demographics

PARTICIPANT DEMOGRAPHICS												
Participant	Age	Ethnicity	Education	Parent's education		Parent's occupation		Childhood	Religious	Spirituality		
				Mom	Dad	Mom	Dad	SES	Affliation	H	M	L
MARK	51	Caucasian	Ph.D	gr. 12	gr. 13	acc't	paralegal	middle	evangelical	X		
SAMUEL	65	Caucasian	M. DIV	gr. 8	gr. 12	home	sales/manager	middle	C.C.C.C.	X		
JACOB	63	Caucasian	College	gr.13	gr. 13	home	sales	middle	Bretheren		X	
ISAIAH	35	Caucasian	College	college	college	rpn	labourer	low	non-denom.	X		
JOSEPH	49	Caucasian	1 1/2 coll	gr. 7	gr. 8	realtor	electrician	m/low	evangelical	X		
LUKE	32	Caucasian	University	gr. 12	gr. 12	fostered	electricial	middle	Reformed		X	
AMOS	23	Caucasian	grade 13	college	gr. 12	retail	detailer	low	unidentified	X		

Table 4:2 Sexual Orientation Grid

SEXUAL ORIENTATION GRID												
PARTICIPANT	SSA DESIRE EVER	CURRENTLY STRUGGLES WITH SSA DESIRES	SSA SEXUAL AROUSAL	SSA ORGASM	CURRENT ATTRACTION			COUNSELING	Destructive	Not Helpful	Fairly Helpful	Very Helpful
					male/female		male only					
MARK	Yes	Yes (somewhat)	Yes	Yes	Yes			Yes				Yes
SAMUEL	Yes	Yes (but controls desire)	Yes	Yes	Yes			Yes				Yes
JACOB	Yes	No (sexually attracted to wife)	Yes	Yes	Yes			Yes			Yes	
ISAIAH	Yes	Yes	Yes	Yes			Yes	Yes			Yes	
JOSEPH	Yes	Yes (somewhat)	Yes	Yes	Yes			Yes				Yes
LUKE	Yes	No (accepting of SSA)	Yes	Yes			Yes	Yes		Yes		
AMOS	Yes	Yes	Yes	No	Yes			Yes		Yes		

This concludes the presentation of the research participants as individuals. The next section will review the Adult Attachment categories that the findings revealed and then the in-depth interview findings.

Participant Themes

The researcher recognized several consistently recurring themes which participants identified in both the AAI and the In-depth interviews. This section initially reveals the AAI state of mind categories and inferred parental behavior themes, then sequentially moves to the themes of the in-depth interviews.

The over-riding theme exposed in the AAI was that of an *Unresolved/disorganized state of mind* (with regard to loss through death) found in all seven transcripts. Following this the AAI revealed an *insecure state of mind* in regard to attachment in six of the seven transcripts. This

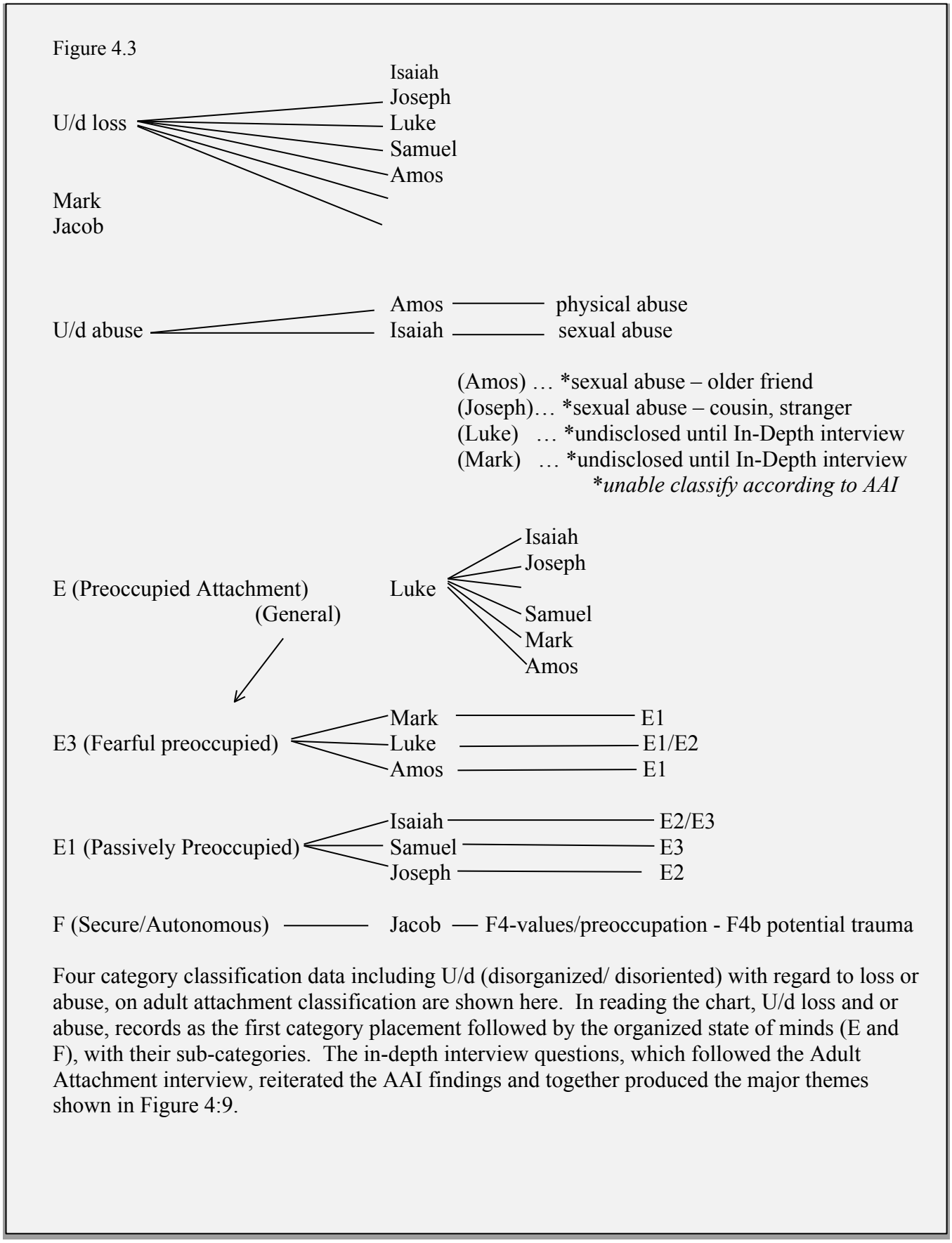
insecure attachment category was found to be preoccupied with attachment (E). Sub-themes in the E category were revealed as E1 – passively pre-occupied (three of the men), E3 – fearfully pre-occupied (three of the participants). Further divisions of the categories also revealed E2 – angrily preoccupied, although this category did not score highly enough to become a theme. One participant maintained a secure autonomous (F) category, with a sub-classification of F4(b). The in-depth analysis revealed themes of same-sex attraction, intrinsic relationship with God and peer rejection, which augmented and expanded themes in the AAI. The primary theme that overlapped both interviews was that of a neglecting and/or rejecting father.

State of Mind with Regard to Attachment

Insecure Attachment (AAI code E general– preoccupied with attachment)

Insecure attachment prevailed throughout the majority of these AAI interviews with vagueness of speech patterns continuing to predominate in the in-depth interviews. This study discovered two AAI organized states of mind – Insecure (six participants) and Secure (one participant). Of the six transcripts classified as insecurely attached, all were classified in the general E category. The following sub-categories were discovered: E1 (passively preoccupied), E2 (angrily preoccupied), and E3 (fearfully preoccupied). The one secure-autonomous (F) transcript revealed a sub-category of F4(b) a strong expression of valuing of relationships accompanied by some manifestations with preoccupation with attachment figures, or past trauma; (b) mild preoccupation with unfortunate parenting experiences, or possibly with potentially traumatic experiences. Figure 4.3 depicts the four category classification from this sample.

Figure 4.1 Four Category Classification of AAIs of Christian Men Experiencing Same-sex Attraction



Four category classification data including U/d (disorganized/ disoriented) with regard to loss or abuse, on adult attachment classification are shown here. In reading the chart, U/d loss and or abuse, records as the first category placement followed by the organized state of minds (E and F), with their sub-categories. The in-depth interview questions, which followed the Adult Attachment interview, reiterated the AAI findings and together produced the major themes shown in Figure 4:9.

A**AI Sub-categories.**

E1 Passively Preoccupied.

The following is an example of a passive state of mind. Isaiah, fitting the passive (E1) criteria, got lost in discourse throughout the interview. In response to the question, *Were you ever frightened or worried as a child?* He shared:

> It would be a frequent worry yeah, I worried, I worried about her [mom's] well-being and ah, I worried about her safety cause I just, crying at the very thought of my Mom dying so, yeah, yeah. How many of these do you have to do? [interviewer answers] that's got to be a lot cause it's, I mean we're only like, an hour into this, this seems long. I think wow, you've got a big responsibility there girl [participant laughs] [interviewer response]. Can I digress for a sec? Well, being a counselor that's a good thing you like talking to people because [participant laughs] do you do that full time? [interviewer response] oh, okay, so you don't do it part time at all right now? [interviewer response] oh, okay, well then your priorities are straight you're focusing on raising your child first, so [interviewer response] okay, do you mind my asking about you? I'm just giving myself a break [interviewer response] oh okay, interesting, how do you like that? I guess you're talking to people with that [interviewer response] oh okay that would be very social, oh yeah, do you counsel [participant laughs], [interviewer response] [recording muffled participant lowered voice substantially] ohhh, really, that's interesting [interviewer response] anyway, thanks for letting me digress.

E2 Angry Preoccupied.

E2 categories were not found as a first level coding for any of the participants, although E2 category was placed as a second classification in one transcript and a third classification in two others. As with many other E texts the interview was excessively long.

Although Joseph showed several indications of fearful preoccupation (E3) and had primarily passive (E1) stance, he gave in slightly to anger on page 45 of his transcript, as he discussed a conversation in his late teens between him and his dad:

> I remember going downstairs and I said, "hey dad are you, I hear you want to talk to me" … "mom said you want to talk to me" …he goes, … and his foot started tapping which meant he was annoyed … he had these, yeah … this body language things and he said …he said …your foot start tapping and I said, … "so what's that about" … and he said, Oh … he goes … "What the hell are you trying to prove now" … I was like, "What

> are you talking about"? So here I'm thinking I'm getting money and it's [recording muffled] and he says … "What are you trying to do … you trying to be a priest or something" … cause I was going to Bible College …and I said, uh… "no that's not what I'm going out there for, but you know what, I don't expect you to understand what I… what I'm… what I'm going out there for and" … uh, yeah… but, you know… then I just walked away. He goes, "You're never going to amount to anything if you keep that up."

E3 Fearfully Preoccupied.

The E3 (fearfully preoccupied by traumatic events) category is rarely encountered in low-risk samples. Usually with such texts it is either directly stated, or can be inferred that a) the individual has had fearful experiences related to attachment, and that b) these experiences are presently preoccupying or even unpredictably controlling mental processes. These speakers may not manifest indices of being either angrily or passively preoccupied with early relationships and experiences. Fear rather than anger or confusion and vagueness may be the central and preoccupying affect. The reader will often reach the conclusion that the nature of this speaker's past is such that it would be very difficult for anyone to have escaped this condition (Main, Goldwyn & Hesse, 2002). High levels of E3 (fearfully preoccupied with attachment) were found in five transcripts, with E3 being the primary organized attachment sub-category for three of these individuals.

Luke indicates a very inchoate experience of undisclosed trauma:

> I have this irrational fear, and I still do, it's, it's stupid and I did it yesterday [at his work place]. If I was in, ah, was upstairs in the house on my own, so my parents have a, it's like a century farmhouse, it's about 150 years. Now, um, old and to the upstairs, and a, like the downstairs that kind of curled, curved a bit and then there was a door before you kind of came into the living area it entered right into the dining room. If I was upstairs in the house on my own um… as I was leaving my bedroom, I would shut the door and the first thing in mind that I would think of is okay, so now he's at the window, so I was coming down the stairs I was convinced that he had broken into an [muffled word on recording] he could be anyone, but it was definitely someone who had ill, ill intent [interviewer response]. I would say as soon as he slams the door at the bottom of the stairs, or I mean close the door harshly it, it vanished and I didn't think about it any further. And every single time I was upstairs in that house on my own, that is, and I still have to forcefully think, "that's stupid, stop it, just go down the frigging stairs, you're a big boy." [interviewer response] if I'm up there in the house on my own. And again,

> where that's derived from I have nooo… idea. Now I have, you know if I was to think of all of the people in our life, I was never afraid of a single person. I was trying to think of when dad built those bedrooms I was thinking of and they were built early, when we had the foster kids. So he would have built the addition on the house, I would have been seven or eight, eight probably I guess, right around that age. He added two bedrooms on the back and that's when he built the master bath up there… maybe a bit older, even around 10, but I mean, ah… long enough to know that we weren't supposed to be up on the roof with him well after dark…

Mark described the sexual abuse of his sister by his beloved grandfather, which he became aware of around the time of his grandfather's death:

> Yeah you know, I am just really confused, I… I cannot… in my mind, did this happen before or after? No… I knew before... I don't know why I was thinking that maybe it was… I did, I knew before… yes I did… but it wasn't that … it wasn't all that much before yeah…

And when asked how the loss of his grandfather affects his approach to his own children, continues, "I'm telling you, it…one of them is… we… our daughter… my father [actually describing his grandfather here]… he was a funny old country, and his name was Cedric Aubrey Andrew and we decided to…[named their daughter after him].

The above statement continues to emphasize Mark's preoccupied state of mind (E), as well as his unresolved (U/d) status regarding his grandfather's death and the disclosure of the sexual abuse of his sister.

Joseph showed very strong levels of fearful preoccupation as indicated by the following response to *were you ever frightened or worried as a child?*

> Was I ever frightened or worried… [4 second pause] umm… yeah, I definitely was frightened and worried. I mean I think I had a lots of frightening, I had a lot of fear kind of stuff going on. You know we'd go on vacation every year, up to [family cottage] and I was often alone, kind of walking… alone er… to get downtown, or walking to go roller skating, or I'd often be by myself … sort of thing, to get to my friends, to get to the cousins, to get to those places and I remember being very frightened, very fearful and that … kind of stuff, and my dad was never around, he came up on weekends or… the first weekend he'd come and we'd take two cars up and then he'd come up on the middle weekend and my mom would drive home with everything, all of us, unless we'd get… I

remember getting frightened there quite a bit, umm. There was an element of freedom as well, cause we just kind of did our own thing, but I remember walking home at night alone on dark roads and things like that… umm. In the home I don't remember, I remember being often frightened when my mom was drunk, I remember being very scared and I remember her sitting on a picnic table at a friend's house and she just kind of went right back and passed out and, and we had to call the ambulance, and so it…when the ambulance came it scared me, it always scared me about the ambulance, whenever I heard sirens it would scare me, even when I hear sirens today … I go… oooh, there's still… there's still a reaction there… very fearful reaction and I remember walking up in front of the [place] cause we used to hear sirens [interviewer response] all the time cause we lived by a hospital and so, um I remember being very fearful of sirens.

Below are several excerpts from Amos with descriptions of fearful preoccupation with respect to his relationship with his dad:

Well, when I was really having trouble at school one time, um, and I remember like, being like, like suspension was being threatened and like, it was like a school bully, that was really at me and just dominated me, like mental and physical and just like got me um, so like even in front of like teachers, I looked like the bad guy cause I just couldn't beat this kid mentally.

Amos, later in describing how his mother protected him, says:

He basically bullied me and my friend for like 5 minutes [interviewer response] til I trusted him enough to give him one of my favorite toys and then the second I let him play with my toy, I was like, gently, [participant laughs] I just left and so like absolutely distraught [interviewer response] terrified and what not and so my Mother um, found out who the kid was, um and confronted his Mother, with me in the car, which was just awful [participant laughs] but that was a time when like um, he was just standing behind her at the door, just kind of under the wing sort of thing like nothing can actually, like convince me while she confronted this woman.

Amos described the adjective *insecure* in relationship to his father…

When we'd pick him up from work, I remember I had to go the one time [interviewer response] um, people, have no idea who they are, just looking for him, um, and like I remember my biggest fear wasn't like anybody else or any machine, it was that if I got in trouble I feel like he'd be the most mad so like my insecurity was definitely based on like, um, finding him before I got in trouble [participant laughs] or get into anything like that so you're more so um, insecure.

Amos then described being hurt physically:

If it was a cut I would be avoiding my father because he wants to stitch it himself, he always has that same mentally that if he were to stitch it, it was a no go, it's not happening any time soon.

He then unsuccessfully described a frightening accident at age five:

> I remember like seeing it right as it was happening. I don't remember much after it happened, um at all, but I do remember like being super frightened when it hit the point from being like oh this is fun to, oh no, and then after that oh no point there's that imminent, things are not going well and I had never experienced so much of not going well and like not going well and you just can perceive the outcome. [Interviewer response]. I remember being like, very scared, um one about like what's about to happen, two um, what's going to happen when um, my parents find me or like am I going to get in trouble more than anything else um, so that would be one?

Luke, in describing his relationship with his father, uses the adjective *present* and then becomes enveloped in detail suggestive of E3:

> I remember the feeling of warmth and of, of the excitement of going back inside and watching the ceilings in the dining room, we have two windows in the dining room that face east one that faces north and then one north to the living room and one west in the living room and of watching the lights interact and play on the ceilings and being excited about seeing what that was going to look…

Although it would seem that these E3 transcripts might have classified in unresolved/disorganized (U/d) scale, they do not at any point make any direct statements about abuse, which would be necessary for such a U/d scoring according to the AAI manual (Main, Goldwyn & Hesse, 2002). It is here that the in-depth interview becomes more revealing as both Mark and Luke disclosed sexual abuse not previously mentioned within the AAI transcript. This disclosure will be discussed later in the chapter.

Secure-Autonomous Attachment (AAI code F)

Speakers who indicate secure attachment show a valuing of attachment relationships and consider such experience as influential, but appear relatively independent and objective regarding any particular experience or relationship. The transcript shows coherence, compassion, a lively personal identity, balance, ease with the topic and imperfections of self. Secure transcripts also reflect a consistent and collaborative dialogue. Generalized descriptions of relationships with parents are supported by specific memories, discourse is reasonably fluent,

and the speaker seems at relative ease with the topic (Main, Goldwyn & Hesse, 2002, p. 151). In this study only one individual indicated such an attachment schema.

Sub-category: F4 Secure with manifestations of past trauma.

As with the E category, there are subsequent sub-classifications and from the researcher's standpoint this individual qualified as an F4(b). While expressing a valuing of relationships, Jacob's transcript was "accompanied by some manifestations of preoccupation with attachment figures, or past trauma" (Main, Goldwyn & Hesse, 2000, p. 158). Although Jacob described an instrumental kind of love (not overtly affectionate), he also escribed an episodic memory in which he valued what his mother made for him, and still (after 60 years) has the teddy bear. While many of his adjectival descriptions lack the richness of text of an F3 (prototypically secure), as he continued through the interview he seemed to acquire a more coherent perspective of his childhood relationship with his parents and the effect on his adult life.

Here he described the adjective *loving*:

> … [4 second pause] probably things she did for me … um… I remember she would make stuff for me when I was sick… she was a sewer or a knitter, or whatever ….um… [interviewer asks, *can you remember anything she knitted?*] Well, yeah, I had a teddy bear, still have it… [interviewer response] … ok… she would knit a blanket from left over stuff, from left over fabric she was making something with. I remember she made ah… a pillow for this thing …[6 second pause]

Jacob also fits into the F4b category as he expresses a valuing of relationships, although this seems to be accompanied by manifestations of past trauma. These texts have some preoccupation with attachment figures, with unfavorable experiences, which appear to restrict the more complete impression of autonomy evident in F3 cases and in Jacob's case includes signs of passivity of thought processes:

> Whewwww…[23 second pause] Well for some reason I made… I made it my business to try and make her, ah... happy, ah… so I would do chores and that sort of thing for her. If I went some place and you know, had some money, I'd buy something and give it to her. Uh…..[8 second pause]

Jacob continues to vaguely describe his relationship with his mother:

> …[3 second pause] … Whewww…… [30 second pause] Well not really, I just, I can't think of anything specifically, but like I said before, I knew the rules, and ah… if I wanted her acceptance or her love, ah … I had to go by the rules, umm … so I guess I figured if I didn't go by the rules, I was fearful, or scared that … ah … I would be rejected so to speak. I can't think of anything specific.

This concludes some of the individual descriptions of these participants, within the organized states of mind found in the AAI transcripts and reiterated by the in-depth interviews. Next, the disorganized states of mind with regard to attachment that were found to be prevalent in these interviews are presented.

Disorganized States of Mind

Unresolved/Disorganized Loss through Death

The AAI coding manual (Main, Goldwyn & Hesse, 2002) explains how unresolved loss of a loved one is scored:

This scale assesses a particular index of unresolved loss resulting from the death, not only of parents, but also relatives, important friends, children of friends, etcetera, and of disorganization and/or disorientation in thinking or discourse. Although effective dismissal of the importance of a loss is certainly indicative of failure in the resolution of mourning, it is not considered disorganized/disoriented. This scale is primarily based upon the indices of disorganization and or disorientation in reasoning, discourse or reported behavior assigns of a particular kind of unresolved experience, that in many cases, probably involves frightening ideation (p. 118).

For a discourse on the loss of a loved one to reach an unresolved level there must be evidence of disorganized reasoning, such as believing the person is not dead; or disorientation (lost in the discourse); or extreme behavior after the time of loss.

In this study Samuel shared the experience of losing his father. In response to, *so you did mention the loss of your father, how old were you at the time?* Samuel gave the year and his age in the first two sentences and then continued:

> Ah so in May of that year he ended up in the hospital; he had myscenia gravis condition, certain condition of the nervous system and um… we, weren't sure that he was going to live or come out of the hospital in that situation. So I went up to visit him I had just maybe 4 days to visit him and … um… ah … um. It was interesting … um …what was happening in that situation. So I arrived in [city where father lived] on a Thursday evening um… I go to my… my sister picks me up and I go to my parental home then and my sister puts me to sleep in my Dad's bed in the front bedroom ha! So that was psychologically a very interesting thing … um so I'm not… sure that my Dad is a believer yet … is sane… you know in that sense? [Interviewer response]. Um, but I'm also now sleeping in his bed and …ah … um… ah… The next morning when I wake up … seem to have some assurance as inner assurance that … um my Dad was coming going to come to Christ that day and I was going to be the one that was going to have the benefit of leading him so I wake up kinda with this awareness and I'm totally scared now … Um cause we had never been able to talk about spiritual things [interviewer response] easily and I knew the kind of crunch was on. We were going to be in hospital with nurses and … all kinds of stuff, lack of privacy so… ah.

Included above are the first 20 lines out of a 49-line dialogue. In discussing his response to his mother's death in 1981 Samuel goes into extreme detail explaining all the details of her conversations, visits to doctors, and his involvement. He then inconclusively identifies how his mother's death affected his father:

> Well it was… it was really interesting so… so my sister and her two boys were living with Mom and Dad … um all those years [interviewer response] like from about 1972 … ah on and … um … so …. With my nephews living with Dad … um, it was wonderful. He became um, they were both involved in hockey… um [town where dad now lived] minor hockey. Ah so he would drive them to their early morning practices. He would drive them to the game. He became the team mascot when they would go out of town.

Luke, in response to the question; *can I ask you to go back to your uncle's death, have your feelings regarding this death changed much over time,* gave the following account:

> Yeah and I would say exactly the same with my great grandparents, I knew all of them [interviewer response] my 2 great grandmothers that passed away, both were fluent English, um, both loved to spoil us, especially as kids, … I remember being on the farm and my great Opa taking us through the barn and Oma cooking special cakes for us and where we sat at the table and where the table was and the candy that she'd sneak for us and the peppermints that we got that sort of thing, um… but no real emotion to sit around them.

Further on when asked about other deaths he gave this dialogue:

> Susan came to live with us as a foster kid when she was 6; she lived with us from the time she was six til she was 12. I would have been in grade… eight probably when she moved in, seven [participant whispers] eight, grade eight. Yeah, and she was six. Um… so she lived with us for six years and then, moved back out east with her biological grandparents and then came back into care, and I was out of there; no I was almost going to University when she came back into care and as a family we decided it wouldn't be best for her to move back in um… so she ended up living with another family but ah… my first summer when I worked at camp I was 21, I reconnected with Susan with my family cause she happened to be at camp so I called my mom and said, "hey you need to come out here, cause Susan's here".

The lengthy detail continued for another half of page as the participant became lost in discourse before finally explaining her accidental death.

Joseph, when asked about his response at the time of his mother's death indicated extreme behavior: "I escalated in addiction right after that, I went off the charts… [participant laughs] yeah, I stopped counselling, I just uh… I just dove into a lot of sexual addiction and promiscuity.

Unresolved/Disorganized State of Mind Due to Abuse

This AAI category identifies sexual, and or physical abuse which was substantiated in the in-depth interviews of these SSA men. In order to be rated in the AAI the abuse has to be openly stated, although at times the incident was often later denied as having been abusive.

Abuse presented in five of the transcripts, although with regard to AAI coding it was only revealed in two of the transcripts (one man was designated U/d physical abuse and one man U/d sexual abuse). Sexual abuse was also revealed by another man in the AAI; but as it was not perpetrated by a caregiver, therefore it was not entered into an attachment classification. This man, along with two others disclosed sexual abuse experiences in the in-depth interview, which followed the AAI. Some of their stories are shared below.

Isaiah shared his experiences of sexual abuse in response to the question about memories, threats or some kind of behavior that were abusive.

> Yes, however I didn't see it as abusive at the time, [interviewer response] it was of a sexual nature so I don't know if, but it was um, I think the correct term would be like I was coerced into it? [a few sentences later] …it was my oldest brother he was 8 years older than I was. It didn't have a traumatic effect on me, but yeah, I look back now and it was abusive because um, I was just a child, I shouldn't be doing something, that's your younger brother, he was a young kid too, like I think he was only like, I don't know 12 or something? I mean he had kind of a lot of responsibility to look after his 2 younger brothers as a 12 year old and, so I don't have any animosity towards him or bad feelings I just think the guy was 12, you make really bad judgment calls when you're 12 [interviewer interjects]. Yeah but even then I wouldn't have seen it as abusive I was just, oh my brother wants me to do something, you know and he just said don't tell Mom and I didn't [interviewer asks his age]; I would have been 4 or 5 cause I, may or may not have been in kindergarten at that time.

He continued:

> My uncle also, I did sexual favors for my uncle, like later but um. [Several sentences later]… So I would have been still in public school so around grade seven or grade eight, my uncle, my dad's brother, took an interest in me and I was delighted because at that age I started noticing there was something missing in my life and at that time I pegged it that, I know what's missing, I don't have a dad and so I probably thought that I knew something was missing and I thought it was dad, but I really didn't want to forge a relationship with my real dad to um, fill that need with him, so when my uncle showed interest in me I was really excited and ah, so I went and spent weekends at his place and I was really excited that a man was taking interest in me [interviewer response]. My uncle is a closet gay. [Later in the paragraph]… I was frightened with my uncle, I never … when I get really nervous my jaw kinda locks and um, I remember when he would tickle me and when he wanted me to change I was kinda shivering and I was nervous and shivering and um, my jaw was kind of locking [interviewer response]. I remember when he would touch me just kind of take it further so…

Joseph also told a story of abuse first at the hands of relatives and then by strangers:

> My cousin, I was 12 and he would have only been like 13 ½, 14 … he wasn't that much older, but he was kind of a very big …kind of a person and I was always very short and very like …even though I'm [current age] … I can look like I'm… you know with the right clothing and the right kind of haircut… I can look like I'm 15 years younger …sort of thing …so it's [interviewer response]...So it's …um, so if you go back to when I was 12, I looked like I was 8 or 7 …sort of thing **…**so**…** And he was always like a big guy… big boned kind of guy… big and so very dominant …kind of guy… off of a fighter… you know hockey player and your fighter …kind of guy so it… he sexually abused me when I was 12 at that cottage and so… yeah… so that was frightening and …Then there was… another time when I was sexually abused at the stadium… at the… at the exhibition in… [name of city] where …when I went to that farm on weekends we… they had horses… we would show those horses… They had Clydesdales and we would show them at the (fair) and at the (national exhibition). And at the national exhibition, one summer when I was probably 13… maybe 14 there was a gentleman who followed me upstairs when I was looking for a washroom and he forced me into a stall …and proceeded to abuse me in there …and at that point …it was almost like it was compliant… almost like it was a… what's the word… not… not … what's the word I'm looking for …. not … I… I… I remember being scared… being terrified.

Further on he explained:

> There was another man when I was 16… that Cadillac that I was talking about that I cleaned when I had my detailing business… he was about 45 or 50 I don't really know… (okay) he was an older guy and he umm… he invited me over one night …and he was drunk and he had me driving him pla [incomplete word]… I'd just got my licence so I was 16… again probably looked like I was 12 and so he was kind of the guy that would take me out for coff [incomplete word]… for pop and ice cream after I cleaned his car …again it had to be perfect and he brought it back… it was actually his wife's car… a beautiful Cadillac… he had a sports car that he would have me detail and when I got my license he actually gave me that car for the weekend. So there was that whole… um… um… um… drawing in of… oh, what's the word… the grooming process so he ended up being more a pedophile …kind of a… kind of guy.

Amos alone suggested a physically abusive relationship, then oscillated and minimized the abuse:

> Any time my father hurt me in the past it's been unintentional like at least from a heart perspective [interviewer response] whereas my mother, because of like addiction and other things just is a lot more abusive and neglectful and like that weird, like using, and the stress happens a lot more so like… I think she's just broken.

Then further on:

> Um, it was that nice era when hitting your kid wasn't such a bad thing it was still like, it wasn't as bad as it used to be but it was still like muffled and so like, as a kid you don't

> really know, so I don't really know how much my mom crossed the line like I know she definitely could get angry but I don't know how much she actually like she definitely seemed more like the disciplinarian more than anything else, where my dad just lost his temper and like would throw things once in a while or like, punch a wall or something stupid like that um, but both of them definitely could get angry enough, truthfully frighten their kid.

This concludes the presentation of disorganized attachment strategies and gives understanding to the disorganized discourse and extreme events that occurred in the lives of these men.

Inferred Parental Behavior

Next, the inferred parental behavior scales on the AAI and the subsequent complementary authentication in the in-depth interview (with focus on the sub-themes of neglecting/rejecting fathers; involving/rejecting mothers; peer rejection; age of discovery and the reflections of God attachment) are presented.

Father Neglecting/Rejecting

Six of these participants scored extremely high and one moderately high, in the areas of father neglect and rejection on the Adult Attachment Inventory, with indications of rejection and neglect being indirectly mentioned in the in-depth Interview.

Neglecting.

Neglecting is described by the AAI manual as being inaccessible when expectably available. This scale refers to the parent who is, when potentially physically available, inattentive, preoccupied, uninvolved or psychologically inaccessible. This may be because the parent must manage a large or busy household, spends much time in civic, church or recreational activities when they could clearly be at home, or is at home but depressed, ill, or otherwise preoccupied and withdrawn psychologically. At low levels, the child simply misses out on play,

interaction or conversation. At high levels, there is a distinct lack of connection with the parent (Main, Goldwyn & Hesse, 2002).

Out of a possible score of nine (one meaning no evidence of neglect and nine meaning extreme neglect), the following was found with regards to a neglecting father: two participants scored an eight; one scored a seven; two scored six; and one had a score of three. These individuals told of memories of striving for the attention of their fathers and yearning for love and acceptance. Luke explained the experience as "having a life-long struggle with, with a, like forcing involvement with my dad um, and wanting to be there and I think that's relatively life-long... well, me forcing my dad to spend time with me or teach things."

Joseph explained:

> My father was a very passive, disconnected man. So he was in the home, but you often just didn't know… you wouldn't know by hearing him or anything, cause he was just either… [further down in paragraph] … At the end of the day he would come home every day he'd have supper and then he'd lay down on the couch for an hour or two and then he'd go do his paperwork. So he was very, ah absent when I talk about [interviewer response] yeah. [A few pages later] … I've felt like an inconvenience to him.

And Samuel concluded:

> So dis… um… he was distant in the sense that um… I would say he was emotionally unavailable, um… I… ah… although he was a salesman. [Further on]… He was physically absent from our home a fair bit in those years but, as well as being physically absent I would say he was emotionally distant … so he wasn't …I don't think he ever learned how to express emotions or respond to emotions …at least positive emotions in a positive way so… I… I never felt he was there for me emotionally …ah…and I never felt that I measured up... ah, to his expectations…um …for… um… to what I sensed was the male role model, I don't think I ever mea… measured up in my estimation of being the masculine …you know, good little boy and then a healthy young man.

Rejecting.

According to Main, Goldwyn & Hesse (2002) rejection indicates:

> A rebuffing, turning away or minimizing the child's expression of attachment. What is meant by this is a cool rejection which need not even at the extreme involve abusive

> behavior or language. The essential quality being assessed as rejection is that of "turning back or away" of the child's dependence, affection, need and attachment. What is expected is, at the least, an inappropriately early stressing of independence from the parent. The effort and effect is usually to shift the child's attention away from the parent and from attachment (p. 21).

Rejection for this group scored as: one participant, a nine; one participant, an eight; one participant seven; two participants six; one participant a five and one participant a four on the father rejection scale. A score of five and above indicates a substantial degree of the described behavior. The individuals who had lower scores on the neglect scale had high scores on the rejection scale.

Amos identified rejection in the following way:

> My father came to like deal with it cause like this kid was having an issue with like an older boy ah, and I just remember my dad being like, oh, should have done better kid [participant laughs] and it was like you know, was like um, basically just chose that guys side over mine and I remember like feeling small and rejected because everyone obviously looks up to this guy and the one person who should have been on my team jumped on his team as well and I said to the baseball… it's like okay [participant laughs] um, so that was one time I felt like really rejected and I don't know if I just ran off or what I did after that but I definitely didn't feel accepted.

Father rejection appeared in the following comment by Samuel:

Unaffectionate, I don't ever remember my dad kind of playing with me and physically bouncing me on his knee or comforting me, if I fell and hurt my knee or something… Or, it was more … um, you know, boys don't cry, get up, don't cry … um, that kind of stuff, so it was more, a … um …a… a… a challenge not to feel whatever I was feeling, rather than to give me comfort because I was hurt.

Although this quote began with a tone of neglect, as Samuel moved into discussing physical pain, his father earning a rejecting response was evidenced in the following vignette: "just minor experiences then like falling off my bike or … ah… you know… tripping and … ah scraping my knee or something. So um … my… my dad's expression probably would be like get over it, get up… stop crying…."

Another example of rejection from a father comes from the transcript of Mark in his response to his father being non-communicative:

> I as a boy I started to play, I was playing in a little baseball league and I was never… I just wasn't very talented um… physically in sports and um… I just… I just…I was just learning how to play baseball and I think… you know our team lost, and I think that it was probably in a good measure due to me and I just remember leaving that game and my father walking 25ft ahead of me, not walking with me cause he was so ashamed of how I, how I performed, so… and so… I mean he never told me why, or he never discussed um… what that meant I think he just determined in his head that I was just this… no… no point in even encouraging this boy because there was no way that he was ever gonna be able to do that.

These vignettes represent descriptions of rejection and neglect experienced by these same-sex attracted Christian men.

Mother Involving/rejecting

Involving.

The description of involving in the AAI manual is as follows:

> …deals with the extent to which the parent appears to have made themselves an object of the child's attention. At the mid-point of the scale the parent is competent; or the child feels some explicit responsibility for the parent or the parent makes clear that the child should attend to, show interest in, keep the parent company. The high end of the scale shows extreme role-reversal or extreme demands for involvement and attention (Main, Goldwyn & Hesse, 2002, p. 25).

Mark began by talking about his relationship with his mother as being "very communicative" and stated:

> She was such a good communicator um... it was almost like she would, she would confide in me, her issues and her problems instead of confide… not you know, they…they… they were deep enough right, but they weren't huge deep, but [interviewer response] with me instead of with, with her, with my dad. And these were issues that she was having with my father, you know, sometimes the silly things right, but she would share them with me. I became sort of like a confidant yeah, [interviewer response] So ah um... that happened a lot, that was pretty significant that was very significant, because what it did is that as I got… as I got older, getting into my teenage years I… I really, my sort of emotional connection was with my mother not my father, that was… that was the… she was, she was confiding in me, it also sort of inhibited my relationship with him, because it made me not as… as um… I always respected my father but it just made me,

> you know, critical. So it inhibited my relationship with him. [Further on]…I was an emotional confident with my mother…I got a lot of my sort of identity from her.

Isaiah, remembered:

> …feeling like I had to support my Mom through her difficult time because she was kind of bringing her adult emotions and feelings to her youngest son and I just remember, one time thinking, I need you to be strong for me Mom like I'm the one that's going to school and going through all this and I'm coming home and being strong for you". [A few lines later]… She kind of, I think, leaned on me for like emotional support and stuff.

Luke called his childhood a "very rare, rosy picture." He described his mom as his "only hero," but further on identified:

> There's this, this really close connection and so I still see the relationship with my mom as this space of, and I think you know, even the concept of safety gets unfolded into this 'very cozy' because it was an enveloping sort of atmosphere or space for relationship. And so I was always a safe haven for my mom.

And Joseph remembered:

"I was very attached to mom… I just kind of clung to her" He continued, "I was the one who kind of adapted in to a role of protecting her from dad, so I was a protector."

Joseph explained his experience in this manner:

In terms of, if I was comparing myself with the other siblings she would kind of live and breathe through me. I think she connected more to me almost like a husband, which is a whole parentified piece, so that would be where the word enmeshed came in, does that make sense?

Then for the adjective *unhealthy*, he continued:

> She used things to lure me, to keep me close which, you know was a co-dependant response, in part she would buy things and um, just that unhealthiness … is if she ever sensed me spending too much time with my friends she would do something to draw me closer. She would have her own kind of hook and it usually would be things.

Samuel's response to these questions was in adult attachment terms, 'glowing.' All the adjectives were positive, yet were unsupported by actual episodic memories. "I remember

having a very loving relationship with my mother…" and again later, "I felt very, very much closer to my mom than my dad um… um, because my sense was that she, she was loving, she loved me."

Rejecting.

As well as describing his relationship with his mother in involving terms, Luke indicated rejection from his mother, in the following dialogue:

> In grade 7 our class was supposed to go to the winter fair and that was supposed to be an educational project and my mom thought that was 'bunk' she was like, "If you want to take my kids out of school, for a fun day, I don't care, just tell me it's a fun day, don't try and pass this off as some major educational… It would have been educational she was wrong this time, but I had to go back to school with the permission form filled out front and back, every space in her handwriting filled out with why my mom disagreed with the decision of the school, how she refused to pay the money for it, and how I would just spend the day at home then. I wasn't worth me going to school. Um… and I can remember how sheepish I felt having to go hand that stupid permission form back into my teacher."

Jacob stated:

> Loving, I suppose… feeling somewhat … [8 second pause] I can't think of a word for it. [9 second pause] I know I was loved but I didn't feel totally, totally loved, that there were conditions on it, so to speak. I don't know how to put that. [Then, when speaking of his mother's love being conditional he describes an incident]. So I went and made her a cup of tea and brought it back to her and …..[4 second pause] and just try to again, people please or calm things down, and ah… she… turned and totally ah… [3 second pause] and I guess rejected what I was doing.

Amos, in describing being upset emotionally, elucidated:

> I remember just not being allowed to hang out with them [sister & friends] like the issue was just like I was not to hang out and they didn't want any part of it um, so I would say it didn't hurt me while making it very clear it did and well, like you know storm in the house and like you know cry something and run upstairs so that my mom knew I was very upset as well [participant laughs] and then waited for somebody to care [participant laughs].

For three of these participants rejection from their mothers scored higher than results of their mother's being overly involved. This is not to say there were not high elements of mother

involving, but rather, that rejection took a more prominent role in their experiences. For Amos neglecting took a predominate place in his mother's behavior.

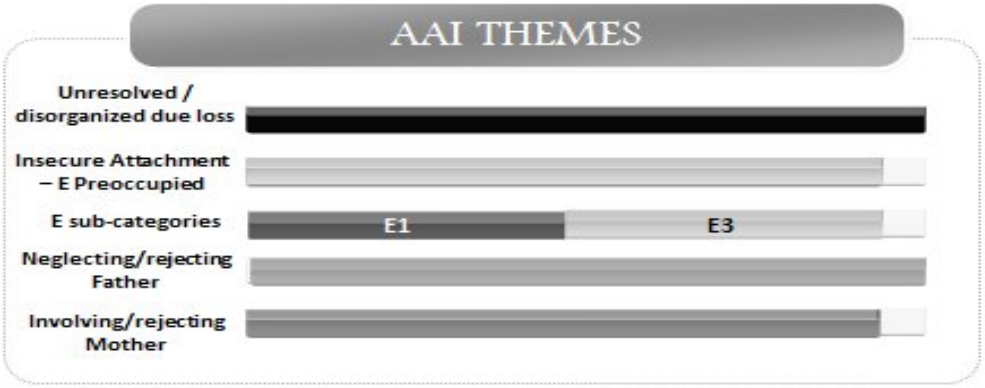
Table 4:4 identifies each of the participants and their subsequent scores on the inferred parental behavior in childhood. The left side of the table also includes the final AAI state of mind classifications for each participant interviewed.

Table 4:3 A Summary of the AAI Inferred Parental Behavior in Childhood

Rejecting, Involving/role reversing/ Pressure to Achieve/ Neglecting and Loving											
PARTICIPANT	MOTHER					FATHER					FINAL AAI STATE OF MIND CLASSSIFICATIONS
	Rejecting	Involving	P/A	Neglect	Loving	Rejecting	Involving	P/A	Neglect	Loving	
MARK	1	7	6	1	3	6	1	3	3	4	U/d/E/E3/E1
SAMUEL	4	CR	1	1	5	7	1	1	6	1	U/d/E/E1/E3
JACOB	4	4	2	2	3	5	2	1	5	2	U/d/F/F4
ISAIAH	4	9	4	1	4	6	1	1	8	1	U/d/E/E1/E2/E3
JOSEPH	2	9	1	2	2	8	1	1	8	1	U/d/E/E3/E1/E2
LUKE	6()	7	2	5	3	4	1	1	7	4	U/d/E/E3/E1/E2
AMOS	5()	5	1	7	4	8	1	1	6()	1	U/d/E/E3/E1
Scales for Inferred experiences with parents: rejecting; involving; pressure to achieve; neglecting, and loving are scored on a continuum. 1 = no experience; 3 = mild experience; 5 = moderate experience; 7 = definite experience; 9 = strong experience						FURTHER NOTES: CR = sufficient information to indicate behavior; extent uncertain () = a rough estimate but not clear enough					

A theme reduction analysis of the AAI was completed to identify prominent themes within the AAI transcripts related to participant's explanations of their early life experiences with attachment figures. Table 4.5 below, presents the predominant themes within the AAI.

Table 4.5 AAI themes



This concludes the findings specifically from the AAI interviews.

Emergent Themes Identified in the In-Depth Interview

Next, emerging themes within the in-depth interview are described. These themes are identified below and include participant vignettes in order to exemplify details of participants SSA thoughts, experience, and influencers as well as childhood faith experiences and influencers.

Same-sex Attraction

Same-sex attraction, identified and described in chapter two, was a preliminary requirement for participants in this study. The following vignettes represent the themes identified regarding participant's experiences of SSA.

Thoughts and Experience

The participants were asked to describe their SSA thoughts and experiences and whether there was a particular event that influenced SSA in their lives. A single participant identified feeling gender different from early childhood. All but one of the men indicated that first thoughts and/or experience began around the age of twelve. Four participants directly identified a same-sex experience having precipitated thoughts of SSA, one individual said no to any particular event, later mentioning sexual abuse by an uncle at the age of 12.

According to Joseph:

> I don't remember having any thoughts or experiences prior to around 7th grade, or 6th grade… sorry… the experience I had in 6th grade was a… bit of a mol…molestation from a cousin who was a couple yrs. older than me … but it wasn't a consensual kind of a thing… ... and so that was a cousin when I was on vacation, up in…yeah … up in the beach area, where we used to go every year, with all our families.

He further expounded:

> [The] grooming process of that one year … it ended up being a sexual abuse situation … and the reality of that is that I ended up going back 3 times after… in maybe a period of maybe 6 months. Which I understand is kind of the warpedness of pedophilia…is that you have this warped sense of responsibility to the perpetrator… so to speak …so… um… so I was just in a lot of confusion during that time [interviewer responses]… I always felt like a target for me… there was always some kind of sense that men were watching me to abuse me in some way.

Isaiah had a much different experience:

> I didn't really think about sex as a kid but I remember feeling in my gender more like a female and that, like I would play with dolls, and um … just … [participant sighs] it's kind of a hard question to answer because you don't really have sexual [interviewer response] thoughts, you know, before puberty um, but in my gender, I, I… I didn't feel like a boy, I felt more like a girl um, … [slight pause, then participant sighs] I remember being interested in what other boys, but I mean I don't know if that's just normal curiosity, like I, personally I just think I was more curious what other boys look like you know, … so, I mean, I'm sure, I don't know, you know, [interviewer comment*: well, let's say even around puberty*]. Okay, well then definitely I took all of crushes and attractions on my male classmates um, and ah… yeah, and, ah… I'm fortunate in the sense that I actually haven't had a lot of, um…like exposure to sex with men, I think grade six, it was

> grade six. [Further on]…so absolutely nothing in terms of sexual awareness or otherwise… all through my childhood all through my adolescence I developed crushes on girls, but I definitely had very strong SSA to obviously the guys, same sex.

Luke, in response to a probe about SSA experiences in the in-depth interview, stated:

> Yeah there was with one of the um… actually with my cousin and one of the foster kids that moved in. I think we were probably in grade 8, 7, 8 were we still, yeah we were still in elementary, so maybe in gr. 8. Um… when there was some sexual contact, both between my cousin and myself and then also between one of the kids that moved into the house and I… like on several occasions. Um… was I that you [incomplete word] yeah, I was young. [Later on]… I've often wondered like were, did those situations or those interactions influence, but I sought out both of those.

Upon reading Luke's explanation, another thorough review of the AAI transcript was completed which seemed to indicate an emergent indication of abuse in his vignette as he lengthily responded to the question on abusive behavior, including this comment: "… in that really isolated circumstance with my cousins." This incomplete memory or experience could not be rated under sexual abuse, according to the AAI, but it may be what he was talking about in his above statement in the in-depth interview.

Mark, like Luke, did not mention childhood sexual experiences in the AAI interview, but in the in-depth interview stated:

> I mean just in engaging in um... in um same sex, sexual activity was my cousin from an early age, up at [farm] with my gran… my other grandparents … um... I… which…which would have gone on for a fairly long period of time yeah, um... [whenever we were together [interviewer asks: s*o that would be the event that sort of started it*] …yeah …yep … I don't really remember … I really remember … um... before that… necessarily feeling like sexually attracted to my peers, other boys or whatever…[Further down in the paragraph] …but after that, I mean it's ….like the … behave … the actual experience turned on a spigot.

Jacob indicated: "probably about 12, in there, yeah that's when it [interviewer response] Whew… that's when it started."

In a further probe of *some of your thoughts, maybe any experiences you might have had?* Samuel explained that from age 13 on, he experienced an increasing awareness of sexuality:

> Seeing other kids bodies, um, and what was happening in my mind at the time is I, I'm thinking I'm developing a perception of what a real man was and what real masculinity entailed. So I'm, I'm thinking strength, nice build. I'm thinking these are real guys and, and, and in contrast looking at myself in the mirror and thinking I'll never measure up and that, that was right in there my childhood right. So I'll never be a real man, I'll never measure up cause I don't have the kind of body.

Amos stated:

> Like I came from the wrong side of the tracks, like for sure, but with that I had some good friends who also like quite, quite that way [same-sex attracted]. Um…and I had two friends um… so the first one was the first time where like masturbation ever came up, was ever brought up. It was probably a bit early for me but I was, he just made a joke and that was like kind of the first, it kind of clicked.

"*Could you describe your childhood same sex attraction, thoughts and experiences? And was there a particular event that you felt influenced your same sex attraction?"* In response to these questions it became apparent that first sexual experiences, which seemed to occur around the age of 12 for these men, were credited for an exceptional amount of influence on same-sex attraction. Joseph, Luke, Jacob, Samuel, Amos and Mark all agreed on the SSA thoughts and experiences beginning around the age of puberty. Isaiah alone alluded to the fact that he felt more like a girl in gender from early ages (probably pre-school).

Relationships and the Development of SSA

Upon questioning it was found that close relationships in childhood might have influenced same-sex attraction experiences in this sample of SSA men. The men all had indicated earlier that they had experienced a neglecting and/or rejecting father as well as involving and/or rejecting mothers. When asked in the in-depth interview if they thought close

relationships may have influenced SSA all indicated that either a neglecting father and/or an overinvolved mother were influential in the development of SSA.

Luke, who had adamantly maintained that close relationships (parental) had no effect on SSA development, concluded the following:

> Legitimately I don't [think there's a relationship there]. I really don't um… [4 second pause] only in the, the only major reason that I don't think they did is because my brothers were raised the same as I was and we were so close together in age that, that, sort of, that, ya… um… colloquial 'what's good for the goose is good for the gander' really ruled in our house and I had a different relationship with my mom than my brothers did. Not, none, none of the three of us had a good relationship with my dad especially once we kind of settled into you know, age 5, 6,7 and that space when my dad started to, to shift.
>
> I truly don't believe um … [participant sighs] that it was necessarily the relationship, what I do think may have influenced, was the way that I… I guess then it was relationship. I would say that the relationship with my mom was definitely significant and I think my mom responded to me differently and I to her differently… Yeah, I would say that relationship.

This seems to be the first time Luke had considered the possibility of close relationships having any influence on his same-sex experiences.

Joseph explained how close relationships influenced his behavior in the following manner:

> My father pursued my brother. [Further on]… I was always like, waiting for my number to come up, so to speak and it never did … then my mom overcompensating for that… so if my dad would leave and see my brother somewhere, my mom would take me shopping or she would take me over to her friend's … her friend's house … so it [recording muffled] [interviewer asks: *and those things could have influenced?*] …oh, yeah… that is… that is… I think the significance of … the word that I would …that really resonates with me is the whole context of being pursued. So that's been… that's been a huge… you know …if I look at a piece of a puzzle, if I look at a puzzle right now and all these different things, kind of coming …in terms of my journey through healing and restoration that has been the most significant piece. [Further on]...yeah, I would say it was like a hook for me.

Isaiah recounted:

> Oh I'm sure that that had a big part to do with it only because, I mean, in my developing years, the influences were very feminine right, so I, I, I think I … I talked to you earlier about being excited that my uncle would be interested in me, I think, um… I think it was, part of that excitement was I didn't know how to be a man, I think I was becoming aware of that. So how do you be a man, well I don't know how to be a man cause I don't have any real male role models in my life right? So um … I'm sure that having so much feminine influence in my life definitely inhibited me from knowing how, in my gender, as a man.

Samuel stated: "I think it was a lack of close relationships, if anything, certainly, a lack of good relationships with males". He then concludes: "I don't think my dad was able to help me with that. And um, there weren't any other adult males or um even peers that were helping me".

Mark's excerpts reflect similar themes to Luke, Joseph, Samuel and Isaiah's when he described early parental relationships:

> I think that my, I, I don't know how closely they are related, but they may, because of my mother, because I had an emotional connection with my mother and not, more of a sort of not sensing of physic [incomplete word] … of a real connection with my father. My mother was getting in the way of my relationship with my father by criticising my father and me, making me the emotional confidant instead of him. I think that exasperated my ability to bond with my father and feel more at home with just who I was and feel good about who I was; and then you compounding that with the actual sexual experience is like a, it's huge, it's like starting a fire and its flamed fanned.

These transcript excerpts reflect participant's reported experiences/beliefs of a neglecting/rejecting father combined with an involving/rejecting mother as having influenced their same-sex attraction.

Relationship with God

Allport (1950) developed the concept of religious orientation, distinguishing between intrinsic and extrinsic religiosity. Intrinsically motivated religion is pivotal to life and comprises a life focus that is an end in itself, considering other needs being secondary. In contrast, those having an extrinsic commitment use religion for self-focused goals (Miner, 2009).

Religious orientation has been related to psychological adjustment in many studies. Intrinsic religion has been found to correlate negatively with anxiety and positively with well-being, amongst other outcomes (Masters, 1991). Watson, Morris and Hood's (1990) review concluded that extrinsic religion was positively correlated with psychological maladjustment.

The relationship between a person and God has also been conceptualised as an attachment relationship (Kirkpatrick & Shaver, 1990; Kirkpatrick, 1992, 1997, 1998). Relationship with God serves many of the functions of attachment by providing a safe haven and secure base. The individual may demonstrate attachment-characteristic behaviours towards God such as proximity seeking and separation anxiety. Kirkpatrick and Shaver (1990) also proposed a secure relationship with God could compensate for insecure attachments and found individuals with a secure attachment to God reported less anxiety, depression, physical illness and greater life satisfaction than those with insecure religious attachments. Compensatory attachment to God has been found to regulate distress and other negative emotions (Granqvist & Hagekull, 1999).

Miner (2009) found that:

> Intrinsic religious orientation mediates the impact of attachment to God on existential well-being and anxiety suggests that the security of one's attachment to God promotes an orientation to religion as an end in itself, which in turn is predictive of existential well-being and lowered anxiety. Attachment to God, then, is a foundation for positive adjustment because it allows for a healthy, committed religious orientation. Hence,

> security of attachment to God may be fundamental to a number of pathways to healthy adjustment, and other religious and personality variables could be examined as potential mediators of the attachment-adjustment relationship (p. 122).

Both intrinsic and extrinsic God relationships were articulated in the present study as the men discussed their spiritual experiences. Some experiences in childhood drew the participants closer to a spiritual experience and or relationship with God; while other childhood experiences made it more difficult to trust God and lead to a more damaging view of God. Research participant's reports reflect aspects of both intrinsic and extrinsic God relationship.

Intrinsic God relationship.

In this study an intrinsic (personal) relationship with God was identified as having assisted the men to integrate and explore their identity. Six of the seven men confirmed that they chose an identity in God, rather than in same-sex attraction feelings.

In response to, *can you describe your childhood faith experiences? Was there a particular event that you think shaped your faith practice?*

Joseph began with the following:

> I didn't grow up in a family who were Christians … so it wasn't until… well, we went to the Anglican Church a few times when I was young, but I don't remember much about that… [Further on] It wasn't until I was 13 years old that my parents split up for about 8 months when… um, my best friend's family picked me up and took me to church every Sunday morning to [name of denomination] in [name of city]. Okay…and so… um… it was really through the life of another family and watching this family and all that in this family. [Further on]…that was very attractive to me … and so that went on from about 13 to 18.

Isaiah declared, "Well we did go to church every Sunday. [Further on] ...I chose to be baptized at the age of eight, that was my choice, so that was a big experience for me."

Samuel articulated his faith shaping experience in the following way:

> My parents were nominal Christians… they went to church twice a year but didn't take us to church. [Further on]…All of us who were in grade 10 were invited to go to a confirmation class with a new pastor who had arrived and um we went through six or seven weeks of instruction. Then, ah we we're invited to join the church, which was part and parcel with confirming our faith as Christian. [And later]… So in the quietness of my thoughts I remember saying ok God if you're really there then I invite you into my heart and forgive me for sins and take me, take over control of my life. Because I, I was not sure that God was there. I had been taught that there was a God but I didn't know. And I'm thinking okay and if nothing happens then I will just carry on but as soon as I finished that prayer, all of a sudden I knew that God was real. God became so real for me that I felt like he was sitting beside me and I could put my hand on his knee. The other awareness I had was that the God that made this universe was more vast than we can imagine uh he knew me, little [participant gives his name] sitting in that pew and ah, he loved me. I just felt waves of love wash over my soul.

Mark also talked about pivotal childhood faith shaping experiences on the spiritual journey:

> Our life was all about church, we were always at the church, and people from the church were always at our house! I grew up in a more evangelical tradition. I mean there was an emphasis, I think, a whole lot on personal piety, but again this is what has affected me greatly is that … that sort of ... like I… I remember going to my grandparent's home, … the same grandfather [who sexually abused participant's sister] and over dinner, you know us having devotions, we never… we sort of did that at my own home… not really… but my grandparents always did and it was sort of like a… I just… I just loved it because it was like… ah … chatting for 45minutes about ideas and asking my grandfather about theological things.

Amos shared that he remembered "feeling like some good times, and feeling like loved and accepted and like enjoying peers." when attending activities at his church.

Extrinsic God Relationship.

The word *extrinsic* is described in the Merriam Webster Dictionary (2013) as not forming part of or belonging to a thing; not part of the essential nature of someone or something; coming or operating from outside. This description of God relationship only related to one of the participants.

Luke shared the following experience:

> And the church experience was the culture club. Um… so in North America you see Italian clubs and Portuguese clubs and German clubs and every other kind of club out there for every nationality of people. [Further on]… you know my faith and religion have always been very significant to me. It was very, I would say very formulaic. Um… we knew that church was 10 on Sunday and 5:30.

In response to the query of, "*was there a particular event that you think shaped your faith practice*?" he continued…

> I view faith, and it moved its way out of the formula and more into life experience, um… but that was definitely, definitely a high school, I mean my childhood was…it was very cut and dry and it was there, were never any doubts, um… there were never any real… a-ha moments. There were never any Holy Spirit moving moments, it was very, I mean… I'm [nationality], this is what I do. It was almost in that sense I'm [nationality] rather than I'm a Christian. It was, I'm [nationality], so this is what we do. It was that closely tied to my culture and my family.

Jacob indicated: "I don't know what words to use because, I really didn't feel, I guess, loved by my parents … I know I was but, this is me again; I didn't feel that and everything was, you know, conditional … that's how love was, and … same with Jesus".

What emerged from participant's reports in general was that relationship with God was of great importance to these men. Each individual's childhood faith experience varied, but commonalities surfaced. Descriptions reflected that most participants believed that a particular event or experience shaped their faith, and that at that point their religion (extrinsic) became a relationship (intrinsic).

The Influence of Close Relationships on Christian Experience

The influence of close relationships as pertaining to Christian experience was identified as important in the lives of these men, although such relationships were seen as having both positive and negative effects on their adult God relationship. Often it was not a close

relationship with parents, but rather grandparents, Sunday school teachers and/or friends, which influenced these men toward an extrinsic relationship with God.

Following are some responses to *"how do you think close relationships in your childhood may have influenced your Christian experiences*? Mark explained that his close childhood relationships were why he chose to walk in the faith of Christianity. He stated, "I chose Christianity because of the [recording muffled], so I mean it's all from my family background, you know sometimes you … you ah… I just wasn't one of these people that came to faith outside of the faith, it's always been in the faith." Samuel, on the other hand, indicated that there were "not real close relationships in his childhood," and, as he came from a nominal Christian environment, parental relationships didn't influence his Christian experience either. Jacob's comments were somewhat similar in that his: "Christian relationships weren't that strong and didn't meet my needs as a child and teenager and young adult. I went elsewhere for acceptance."

Luke, whose early Christian experience was described as cultural, said,

> Those close relationships were the same relationships. It was family and it was church and though in that sense, I mean, healthy church attendance was modelled for us. Um… I look back now and I know that, that modelling wasn't healthy in any sense. [Further on]…I mean I have no recollection of having faith conversations or conversations around belief or anything else.

Isaiah explained,

> My Sunday school teacher, she was real cool, I liked her. So just having someone that you looked up to that was a really cool person and, I think she modeled for me that you can be a fun loving ah, person who really enjoyed life and showed me that Christianity wasn't your, I think, stereotypical; I think perhaps a lot of people look at Christianity as being, um…[slight pause] boring or rigid or, she showed me that Christianity was part of your life and she really lived life, like she was really, she loved life, she was happy, she was vibrant, she, ah, and so she showed me that your Christian beliefs can be incorporated into [and I thought] okay, well I really want to enjoy life.

According to Amos,

> It was very hard to understand the good father aspect of God! And the emotional aspect of God … um… but I do think um… it formed a very strong, 'that God was on my side' kind of aspect, that he actually would fight tooth and nail for me. That was quite strong.

And finally Joseph, whose childhood experiences included a detached and separated father, talked about his relationship with the family of his best friend, who provided a sense of family and place of safety for him.

> I spent a lot of time at my friend's parents' home, so that … was 13 … 13 to 17 period of time, through… right through high school … through… right through seventh grade right til graduation. [Interviewer response] So yeah that was then [and I got] involved in some little … high school… what do you call it… [name of Christian fellowship] and those kind of connections within my high school years.

As might be expected, the extent of close relationships, either within the family of origin or with other Christians, had a direct impact on each of these men's faith. If they did not experience unconditional love and acceptance from their parents and didn't find that acceptance outside the home in childhood, then it seems their Christian experience was tainted, affecting trust and faith in God.

Interaction between Faith and SSA.

In order to consolidate understanding of faith and SSA the following question was asked: *Do you think your faith has influenced your same-sex attraction?* This question respects the importance of faith in the lives of these same-sex attracted men and the extent they think and feel their spirituality influenced same-sex attraction thoughts and behavior. This question once again puts an emphasis on extrinsic relationship with God, as faith was seen as influencing SSA in the lives of six of the men.

Isaiah stated,

> As I grow in my faith and mature, I see my same gender attraction as just a part of my package, a part I don't particularly like, but part of me nonetheless. I have come to terms that it is there and I am actually to the point where I see the struggle as a blessing, of sorts because it has helped strengthen my faith in Christ as I depend on Him daily. I think I have a better appreciation that Christ sticks closer than a brother.

Jacob explained,

> Well… I think my lack of faith has influenced my same-sex attraction. Um… (9 second pause) because of my lack of faith I got in a lot of trouble. Um… like, I've not… had any relationship outside of my marriage; we've been married for 33 years. Whew…. But I've always carried that baggage. And there have been times when you're kind of hit out of the bone… with fantasies, which I've desperately tried to push out of my mind, and this doesn't happen all the time by any means, but (garbled) it does happen… (8 second pause). I don't know… I lost your question again. [Interviewer repeated the question: *do you think your faith has influenced your same sex attraction?*] I think my lack of faith has influenced my same-sex attraction. Well, it did before in a negative way, and now it does too … now my faith influences you know, in a positive way and it has…. Whew… to try to live as God wants me to live … and to build a healthy life, ah… homosexuality is not a healthy life, nor does it answer, answer the needs.

Joseph stated,

> I mean… absolutely… there has been… I mean it's been an interesting road just with me and God for so many years and nobody else knowing and just kind of a lot of crying out to God…like … why… why…why do I have to have this… why can't I… I don't even say why can't I… just give me something else… take this away. You know there's a lot of that going on in the early… in the adolescent years and in the early 20s …, but then there is um… when I started to get into some good counselling… probably around 28.

He then expounded with a further explanation of his perception of same-sex attraction,

> I see it as sexual brokenness. I don't see it as any… and it's not in defence of anything, but I don't see my… that... I believe we are all sexually broken and this just happens to be… based on those experiences in early childhood… um… we just the whole process right from rejection issues with dad and the need to be pursued and the whole …ah… um… is that making sense?

Amos gave his answer to the question of faith influence on SSA, "Yes, yes I do. I've never really allowed it or accepted it [the SSA], or encouraged it, which I think would have

really probably changed, um… especially during adolescence if I'd let that desire grow, I think it would have been significantly different."

And finally Luke provided his account of the interaction between his faith and same-sex attraction. His was perhaps the longest explanation given and certainly one that he seemed to have processed time and time again.

> I think my same-sex attraction has influenced my faith significantly; but not the other way around. I couldn't begin to tell you the number of nights I cried myself to sleep praying I'd wake not being gay the next day. And so my view of God is a very different view of God than it would have been, had I not been gay and that had not been my prayer, night after night, after night, after night, after night. Um… it affects, actually it affects most of my relationships cause I find trust, um… it takes me a long time to trust someone because I don't trust God in a lot of ways because um… that felt, and it still feels, like unanswered prayer.

He continued:

> My faith experiences have gone through major turmoil since coming out and since having to come to grips with who I am and no longer towing the 'quote unquote' party line. I still identify as a [denomination] Christian." [And later explained:] "if anything I see God as a grand creator rather than I do necessarily a personal walk a long beside sort of being." So to understand God as a like you know, *Just another closer walk with Thee* is a very foreign idea of God.

After discussing his inability to 'escape' God, Luke concluded his answer with:

> I've never been able to … there's an absolute, absolute core that fully believes in the redemptive work of God that fully believes in the restorative nature of Scripture. That fully believes in the historical existence of Christ and of his resurrection. Um…ah… I'll never let those go and I, I'm beyond grateful that I grew up in the space that I did because that's why that's there.

Summary of the In-depth Interview

To summarize the findings of the in-depth interview:

1. Six of the participants indicated SSA thoughts and experiences beginning around the

age of 12, with five indicating that SSA was precipitated by sexual abuse.

2. Close (parental) relationships were identified as contributing to the development of SSA.
3. Relationship with God was extremely important to all of these individuals, but it was an intrinsic God relationship that was shown to be transformational in respect to identity.
4. Faith in God influenced six of these participants in their understanding of their identity in God and ability to deal with SSA struggles. For one man, while faith remained important, it did not influence him in the understanding of identity, as he identified merging SSA into his belief system.

This concludes the presentation of themes found as a result of the in-depth questions. Table 4.6 provides a brief overview of the results, while table 4.7 includes themes in the in-depth interview.

A subsequent theme "Peer Rejection/Gender Polarization" was consistently acknowledged within both the AAI and in-depth interviews. Although this was not part of the study's focus, the participants did explain such issues within their transcripts and it is therefore included here.

Peer Rejection/Gender Polarization

Peer rejection, often related to gender non-conformity or polarization, has been found to be a significant issue in the lives of the same-sex attracted (Baily, et al., 2000; Landolt, et al., 2004; Roberts, et al., 2012). In fact, Bem (1996) claims that gender polarization is the most common explanation for homosexuality.

Peer rejection, as mentioned previously, was at times referred to within both the AAI and the in-depth interview by several of the participants. Although there was no direct questioning on peer rejection, many of these individuals identified problems with rejection and/or bullying from peers as they approached their pre-teen years.

Isaiah answered the question of: *are there any other aspects of your earlier experiences in general that you think might have held your development back or had an effect on how you turned out?*

> The bullying, it was pretty severe bullying between, because [I lived in a low] socio economic neighborhood, rougher neighborhood, throwing a sensitive kid into a neighborhood like that is you know, tough, you know recipe for disaster ha, ha so I'd say that set me back for sure, it was pretty hard to go to school, it was, that was a 4 year dark period, grade seven, eight, nine, ten was. It was daily, bullying and being called names, it was pretty bad oh it was, I, I, you hear of teenagers that commit suicide because of bullying and it always has an effect on me just because I remember being close to that, at that age, you know. Never, I never even attempted suicide but contemplating it [and thinking] I just want my life to be over.

Mark explained peer rejection in the following manner:

> I… felt rejected a lot by my peers because I… a lot… and a lot of it was because I didn't… I wasn't that… I was always the last to get picked on a team …and uh... so I just kinda like stayed away. Anyways … and, and um... nah … I was…I felt… I… I… you know I was…I really did feel a lot of times that I was not accepted by my male peers. I was all…I mean all the time… I… I… although I had 3, 2 or 3 very good male companions who were real good friends, a lot… and a lot of it was because I didn't… I wasn't that… I was always the last to get picked on a team … and uh... so I just kinda like stayed away, anyways …and, and um... nah … I was… I felt… I… I… you know I was… I really did feel a lot of times that I was not accepted by my male peers, I was all… I mean all the time… I… I… although I had 3, 2 or 3 very good male companions who were real good friends.

Peer rejection seems to have had a prominent place in the lives of these men as indicated by the four participants who described it. On the other hand, Luke indicated that he often was the initiator of bullying. Amos also described peer rejection/bullying in the AAI interview. This vignette was presented earlier in the description of fearfully preoccupied attachment.

Table 4.6 In-depth Interview Analysis with Research Questions

IN-DEPTH INTERVIEW ANALYSIS				
IN-DEPTH INTERVIEW	What are the differences, if any in states of mind with respect to attachment in a sample of Christian men experiencing SSA	How do men experiencing SSA describe their attachment	How do participants understand the impact of early relationships on their faith and SSA	How do participants compare and contrast?
Can you describe your childhood faith experiences? Was there a particular event that you think shaped your faith practice?	**Primary AAI codes: U/D/E - 6 men** U/F - 1 man Some regular/some nominal church attendance Faith shaping - mixed Five experienced a personal spiritual experience	All describe: inv/rej mom Rej/neg dad	Some - faith= rules Some - faith= relationship Mark = church positive Luke: church postive/negative Isaiah: positive church friends Joseph: church with neighbors Samuel: postive exp. @ 14 Jacob: every Sunday; not Amos: church as child; exp. 15	**Mark: always @ church** **Luke: 2x/Sunday** **Isaiah: every Sunday** **Joseph: unchurched til teen** **Samuel: occasional** **Jacob: every Sunday/** **Amos: church after 15;**
How do you think close relationships in your childhood may have influenced your Christian experiences?	Some - positive influences: outside of family. One indicated mother lived a Christian lifestyle Some - negatively ie. Rigidity	Many indicated that parental attachments did not meet their needs [insecurely attached]	Several had significant Christian relationships outside the family; i.e. peer's family; SS teachers	**Mark: always been faith;** **Luke: no influence by family** **Samuel: no close friends** **Isaiah: consistent peers at** **Joseph: friend's family** **Jacob: rules not relationship** **Amos: close Christian friends**
Can you describe your childhood SSA thoughts and experiences? Was there a particular event that you think influenced SSA?	Most - 1st recognition of SSA [12] Most - attributed an SSA experience - sexual abuse	All were either unresolved/disorganized due to abuse or loss Majority were E category	Impact of abuse at puberty like a spigot' [opened door to continued SSA] Parental relationships were identified as significant	**Mark -sexual abuse [12]-** **Samuel - awareness [13] -N/A** **Isaiah - feminine - sexual** **Joseph - [12] - sexual abuse** **Luke - [12] - Strong SSA** **Amos - [11-13] - SSA**
How do you think close relationships in your childhood may have influenced your SSA experiences?	All except Luke indicated - yes! immediately Luke came to the realization during AAI questions	Mother's involving Father's distancing neglecting or rejecting	as above	**Mark - inv. Mom; distant dad** **Luke - neg. dad/ inv. Mom** **Samuel: no male role model** **Isaiah: no male role model** **Joseph - rejection by dad/ inv.** **Jacob: distant dad** **Amos: no male role model**
Do you think your faith has influenced your SSA?	All indicated yes - 6 men in a positive manner 1 man stated that SSA has influenced his faith - extreme disappointment [unresolved] with God		Personal relationship with God/Christ lead to positive association between faith and SSA	**Mark: faith influence beh.** **Luke: SSA has influenced faith** **Samuel: loved by God** **Isaiah: SSA strengthens faith** **Joseph: alive because of God** **Jacob: early neg. later positve** **Amos: faith influences**

Table 4.7 In-Depth Interview Themes

	IN-DEPTH INTERVIEW THEMES						
	Mark	**Samuel**	**Jacob**	**Isaiah**	**Joseph**	**Luke**	**Amos**
Neg/Rej Father	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**
Inv/Rej Mother	**yes**	**n/d**	**yes**	**n/d**	**yes**	**yes**	**n/d**
Abuse	**yes**	**no**	**no**	**yes**	**yes**	**yes**	**yes**
Peer Rejection	**yes**	**yes**	**yes**	**yes**	**n/d**	**n/d**	**n/d**
Intrinsic God Attachment	**yes**	**yes**	**yes**	**yes**	**yes**	**no**	**yes**
NOTES:	**n/d = not discussed in in-depth interview** **previously acknowledged in AAI**						

This completes the findings of this study discovered in both the AAI and in-depth interviews. The last section of this chapter will recap the findings presented providing additional tables and charts in order for the reader to conceptualize the reduction of major themes.

Final Deductions

This section presents a summary of the major themes that emerged in this study, along with pertinent tables. The theme of Unresolved/Disorganized (U/d) attachment with regard to loss and or abuse is shown on Figure 4:3 as the first category. According to the AAI coding manual (Main, Goldwyn & Hesse, 2002), U/d is always recorded prior to the organized categories. All participants recorded high levels of U/d loss. Experiences of physical and sexual abuse are considered relevant to this AAI classification when the speaker revealed frightening/abusive experiences involving attachment figures. This includes extreme threats of harm, and/or sexual abuse. Scores cannot be assigned when abusive experiences are merely suspected or when they are not perpetrated by an attachment figure (Main, Goldwyn & Hesse, 2002). One participant classified as U/d due to physical abuse; another classified as U/d sexual abuse on the AAI. As previously mentioned three other participants identified being sexually abused in the in-depth interviews. These findings give a total of five out of the seven participants who experienced abuse, one physical, four sexual.

Insecure attachment, the term derived from early attachment research (Bowlby & Ainsworth, 1965), includes several indicators: physical or emotional neglect, physical and/or sexual abuse, separation from primary caregiver or changes in primary caregiver, traumatic experiences, maternal depression and maternal/paternal addictions. Insecure attachment was found as the primary theme of this study. Six participants classified as having insecure

attachment with preoccupied state of mind (E). Within the framework of this insecure attachment theme came the sub-themes (E1/E3) and/or supporting evidence in order of their prevalence within the transcripts. These themes are a result of findings within both the AAI and in-depth interviews and are addressed below in significance of their importance.

Fearful/undisclosed trauma was prevalent in four of the transcripts with another transcript indicating a secondary designation in this AAI sub-category. Relationship with God seemed to serve a mediating purpose in the aspect of father rejection and neglecting as well as SSA behavior. Insecure attachment related to God attachment but only in one transcript was it suggested to have had a negative effect. In all but one case insecure attachment seemed to challenge individuals to seek intimate God attachment. On the other hand, Luke contributed his lack of SSA resolution to unanswered prayer and the resulting disappointment created confusion regarding God as a Father image. The God Attachment/relationship was explored in the in-depth interview and seems to indicate the need for a personal, profound spiritual experience in order to create a deep attachment to God.

Experiences of neglecting/rejecting father and involving/rejecting mothers were relevant to all seven of the participants. These participants acknowledged same-sex attraction development being influenced by their parental relationships, with the dyad of neglecting/rejecting fathers, involving and rejecting mothers, which was indicated in both the AAI and the in-depth interview. Peer rejection, while not a question specifically addressed in the interviews, was discussed by the majority of these men and viewed as an important part of their childhood experience. The discovery of same-sex attraction was also identified through the lived experiences of these participants, resulting in a majority of them indicating age 12 as a turning

point of sexual orientation. This concludes the researcher's final deduction of the themes discovered in both the AAI and In-depth interviews.

Summary

The analysis of this study was completed in several stages. The first stage was completed using the four level coding system of the Adult Attachment Inventory, summarized earlier in this chapter. Summaries of this coding were provided in tables 4.3 and 4.4. Stage two analysis provided an AAI theme reduction that identified prominent themes within the AAI (table 4.5), and included participant vignettes to exemplify the themes. The third stage of analysis was completed by recognizing the responses to the in-depth interview questions and comparing these to the four research questions (table 4.6) which was followed by stage four; a theme reduction of the in-depth interview (table 4.7). Stage five analyses provided an opportunity to compare and contrast results from both interviews (table 4.8) leading to the final summarizing of major intercepting themes. The last step of analysis in this study was to merge the findings within the AAI interview with those within the In-Depth interview. The final results are presented in Figure 4.2

Table 4.7 Comparing and Contrasting the AAI with the In-depth Interview

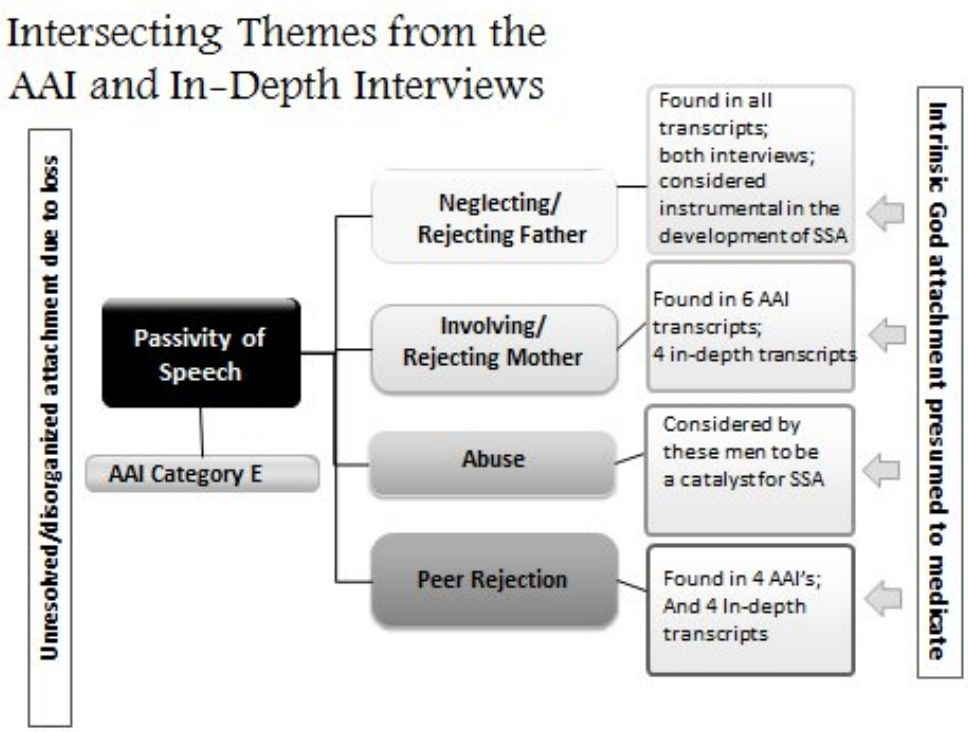
Comparing and Contrasting the AAI and In-depth Interviews														
THEME	**AAI**							**IN-DEPTH**						
	Mark	Samuel	Jacob	Isaiah	Joseph	Luke	Amos	Mark	Samuel	Jacob	Isaiah	Joseph	Luke	Amos
U/D Loss	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	not discussed in the in-depth						
E (Passive)	**yes**	**yes**	**no**	**yes**	**yes**	**yes**	**yes**	passive speech continues in the in-depth						
Neg/Rej Father	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**	**yes**
Inv/Rej Mother	yes	yes	no	yes	yes	yes	yes	yes	n/d	yes	n/d	yes	yes	n/d
Abuse	**n/d**	**no**	**no**	**yes**	**(yes)**	**n/d**	**yes**	**yes**	**no**	**yes**	**yes**	**yes**	**yes**	**yes**
Peer Rejection	yes	n/d	n/d	yes	n/d	yes	yes	yes	yes	yes	yes	n/d	n/d	n/d
SSA on-set(12-14	**n/d**	**n/d**	**n/d**	**n/d**	**yes**	**n/d**	**n/d**	**yes**	**yes**	**yes**	**no**	**yes**	**yes**	**yes**
Intrinsic God	n/d	n/d	n/d	n/d	yes	n/d	n/d	yes	yes	yes	yes	yes	no	yes
NOTES:	N/D = not discussed in interview													
	Color indicates 100%													
	(yes) but not by attachment figure													

From the final analysis came the last step of the intersecting themes taken from the comparative analysis above. It is important to remember that the questions asked in both interviews did not overlap. This means that the five questions of the In-depth interview were directly focused on faith and SSA, rather than attachment, whereas the 20 AAI questions specifically reflected and sought to identify early attachment history with primary caregivers. Any overlap was therefore directly indicated by statements made by participants in both transcripts. The bars on either side of figure 4.9 indicate themes that did not intersect, as questions reflecting these categories were only asked in one interview. Nevertheless these themes were extremely relevant to the men interviewed.

This chapter has permitted the stories of seven Christian men who have experienced same-sex attraction to be highlighted. Increased understanding into their lived experience was drawn directly from the phenomenological analysis of the narratives. This reflective process has uncovered early childhood attachment difficulties in the lives of all the participants in this sample, which indicated definite preoccupied attachment between six of the participants and their parents.

The transcripts were coded, theme reduced then compared and contrasted in this chapter. The focus in chapter five will be to discuss these findings and present accurate and relevant insights, consider shortcomings of the study and suggest future research directions.

Figure 4.2 Intersecting themes from the two interviews



CHAPTER FIVE: DISCUSSION

Chapter five provides a secondary level of analysis that considers how relevant theories and research intercept with this study's findings and compares and contrasts these findings with the issues raised in the literature review (chapter two). The chapter begins with a discussion of the findings and how they answer each research question framing this study. A summary of the implications is presented next, along with a "*Consistency of Findings*" chart. Figures explaining differences in the state of mind with regards to attachment and how these men described their attachment are included. A final chart illuminating the equifinality of same-sex attraction development is included. Recommendations for future research are discussed as well as considerations for therapists. A reflection of the role of the researcher and the experience of writing this dissertation is included, followed by the conclusion and final summary.

Exploring the Findings in Light of Previous Literature

Three way analysis of the Adult Attachment Interview reveals the major organized categories (F, Ds and E) that are depicted on Figure 5.1 on the following page for review purposes.

Category E – Preoccuppied with Attachment

AAI category E – preoccupied with attachment was the predominant organized category in this study, therefore this chapter has included the descriptions of the organized AAI categories (below) and now proceeds to provide understanding into the unusual findings of this study.

A review of AAI literature is necessary to establish the rarity of the E- preoccupied category in a non-risk population. Barkersmans-Kranenburg and IJzendoorn (2009) presented a

meta-analysis of the first 10,000 Adult Attachment Interviews by analyzing currently available

Figure 5:1 Organized state of mind

Secure Autonomous (F)
Coherent, collaborative discourse maintained while speaker describes attachment-related experiences and their effects, whether favorable or unfavorable. Speaker seems to value attachment, while maintaining objectivity regarding any particular experience or relationship
Dismissing (Ds)
Normalizing, positive descriptions of parents ("excellent, very normal mother") are unsupported, or contradicted by specific incidents. Negative experiences said to have had little or no effect. Transcripts are short, often due to repeated insistence on the lack of memory.
Preoccupied (E)
Preoccupied with experiences, seeming angry; confused and passive, or fearful and overwhelmed. Some sentences become grammatically entangled or filled with bague phrases ("dadadada") or psychological jargon. Transcripts are long and some responses irrelevant.

studies (up to September 2006) on non-clinical and clinical groups in order to derive updated normative data to uncover major trends, using 700 non-clinical mothers as sample to create a baseline [no gender differences have been established using the AAI, [(Barkersmans-Kranenburg and IJzendoorn (2009, p. 223)]. The following distribution was discovered: 16% were classified Dismissing (Ds); 56% were classified as Secure-Autonomous (F); 9% classified as Preoccupied (E), and 18% as Unresolved (U/CC). CC stands for cannot classify. The four-way distribution with fathers was 24% Ds; 50% F; 11% E; and 15% U/CC. (Barkersmans-Kranenburg and IJzendoorn (2009, p. 229).

AAI studies in this meta-analysis, used low SES background as the main characteristic for at risk populations. In some cases additional risk factors such as adolescent parenthood were

acknowledged. "This at risk set strongly deviated from the norm, with 32% Dismissing (Ds); 30% Secure-Autonomus (F); 7% Preoccupied (E); and 32% Unresolved/Cannot Classify (u/cc), (Barkersmans-Kranenburg and IJzendoorn (2009, p. 229)". Clinical samples showed an extremely deviating distribution of AAI classifications: 23% Ds; 21% F, 13% E and 43% U/CC.

Overall AAI classifications distribution in the four way distribution (includes unresolved category), across non-clinical and clinical samples was: 25% Ds, 40% F, 10% E, and 25% U.

> Clinical studies of internalizing disorders (in particular borderline personality disorder) showed a strong representation of preoccupied attachment and of the unresolved category. Persons suffering from abuse and/or trauma as assessed by with the AAI were virtually always classified as unresolved. Several studies now indicate that unresolved loss or trauma as assessed with the AAI is an almost perfect marker for dissociate disorders like PTSD, which shed light on the etiology and mechanisms of these disorders and (partly) attachment disorders (Barkersmans-Kranenburg and IJzendoorn (2009, p. 249)".

Although the Barkersmans-Kranenburg and IJzendoorn (2009) study of 10,000 Adult Attachment interviews revealed the low-levels of preoccupied attachment in non-clinical samples, it did not differentiate between the sub-categories of E1, E2, or E3. Main (1996, p.240) identifies "a rare sub-group appearing fearfully preoccupied by trauma predominates among individuals suffering from borderline personality" (Fonagy et.al 1996; Hobson, Caslte, Howard & Vaughn, 1991). Another consideration was noted in chapter two, where Samenow (2010) discussed attachment patterns and suggested that preoccupied attachment may lead to an emotionally needy individual who craves validation from multiple partners.

Given the unusual proclivity of E category in this study the researcher attempted to review literature on the sub-categories of E1 and E3. While Barkersmans-Kranenburg and IJzendoorn (2009) discuss the rarity of E - preoccupied findings in clinical, non-clinical and at risk populations, IJzendoorn (2013) stated, "I do not know of any review on E sub-categories; E1

and E3 are extremely rare indeed." This statement underscores the need for continued research in the area of AAI categories with regard to the same-sex attracted.

Previous studies reveal several themes regarding the development of SSA including exposure to violence ((Ellis & Ames, 1987; Ellis, Peckam, Ames & Burke, 1988; Roberts, Austin, Corliss, Vandermorris & Koenen , 2010); child sexual abuse (Balsam, Lehavot, Beadnell & Circo, 2010; Balsam, Rothblum & Beuchaine, 2005; Eskin, Kaynak-Denir, & Demir, 2005; Friedman, Marshal, Guadamuz, Wei, Wong, Saewyc & Stall, 2011; Laumann, Gagnon, Michael & Michaels, 1994; Roller, Martsolf, Draucker & Ross, 2009; Shrier & Johnson, 1988; Valente, S.M., 2005; Wilson & Widom, 2009); gender polarization (Bailey, Dunne & Martin, 2000; Bem, 1996; Landolt, Bartholomew, Saffrey, Oram & Pearlman, 2004); parental relationships (Bailey, Dunne, & Martin, 2000; Bieber, Dain, Dince, Drellich, Grand, Gundlach, Kremer, Rifkin, & Wilbur, 1962; Byne & Parsons, 1993; Evans, 1969; Greenson, 1968; van den Aarweg, 1997); genetics (Bem, 1996;); and generational transmission (Baily & Bell, 1993; Bailey, Pillard, Dawood, Miller, Farrer, Trivedi & Murphy, 1999).

The present study, which sought to dig deeply into the lived experiences of seven men, revealed the following mental processes or state of mind with respect to attachment: U/d loss (seven men); E – preoccupied (six men); [E sub-categories: E1 – passive (three men); E3 – fearful (three men)]; F – Secure (one man).

Research Question One

The first research question asked: *What are the differences, if any, in states of mind with respect to attachment in a sample of Christian men who are seeking treatment for same-sex attraction?*

Question One - Finding One: Insecure Attachment (AAI Category E) - Preoccupied with or by Early Attachments

Texts are placed in category E when the speaker appears preoccupied with or by early attachments or attachment related experiences in a way that ultimately interferes with the maintenance of collaborative conversation, specifically via confusing, irrelevant and/or excessively lengthy discussions.

In this study six of the seven participants classified as insecurely attached to primary caregivers and each exhibited a preoccupied state of mind in regard to this attachment.

Sub-category: E1- Passive.

Out of the six insecurely attached (E) texts, three sub-classified as E1 passive (Isaiah, Samuel and Joseph). The most striking feature of these texts was implied passivity or vagueness of thought regarding an ill-defined experience(s) of childhood. These transcripts often wandered freely away from the questions in a seemingly purposeless manner. Although, at times, parents and/or family members were described in somewhat glowing terms, these transcripts appeared to represent a weak or incomplete presentation of self or personal identity.

Sub-category: E3 – Fearfully Preoccupied by Traumatic Events.

The second predominant E sub-category was E3, which is rarely found in low risk samples. These speakers appeared preoccupied by frightening experiences, which invaded the text. Three of the participants in this study manifested an E3 category. Especially noteworthy with respect to frightening experiences or trauma are the number of individuals in this study who showed a fearful preoccupation with traumatic events. What is seen in these transcripts is the

extremely disorganized recounting of potential unidentified trauma that greatly affected their state of mind. This trauma was never fully identified in the AAI transcripts. In conjunction with this discovery was the fact that several incidents of sexual abuse that were not disclosed during the AAI interview came to light during the in-depth interview.

Further to finding one.

Luke, Isaiah and Joseph also exhibited some elements of E2 – angrily preoccupied although the scores did not reach the level necessary to override the primary sub-categories. Figure 4:3 showed a visual representation of these listings.

Although the present research is preliminary in understanding and describing the attachment histories and current state of mind of Christian men who have experienced SSA, these remain substantial findings especially given the relatively rare classification of E for a non-high-risk population.

One transcript indicated some resolution of attachment (F4/F1), including a vaguely defined childhood, with evidence of re-evaluation/redirection.

Question One - Finding Two: The Parental Dyad - Neglecting and/or Rejecting Fathers; Involving or Rejecting Mothers

Each of the AAI transcripts indicated a neglecting and/or rejecting father. This is a significant finding in the lives of the participants interviewed.

Six of the seven individuals described an involving and/or rejecting mother. These findings reflect similar observations in previous literature and are themes pertinent to the development of SSA in the sample of men in this study.

Question One - Finding Three: Unresolved/disorganized State of Mind with Respect to Attachment

Disorganized/disorientated attachment has been identified as coexisting with other attachment patterns (Main & Solomon, 1990) and is specified by the classifications in Figure 4:3 and Figure 4.5 in this study. According to Main, Goldwyn and Hesse (2002), individuals could be classified as unresolved/disorganized (U/d) with regard to loss and/or abuse, when lapses in the monitoring of reasoning or discourse, or reports of extreme behavioral reactions (including displaced reactions during the discussion) of these events are found. The category for unresolved loss or trauma is indispensable to differentiate individuals struggling with loss or trauma issues from those who are able to talk coherently about their traumatic experiences (Bakermans-Kranenburg & van IJzendoorn, 2009).

Another important finding this study revealed was a disorganized state of mind with regard to loss. The data show that all of these men experienced an unresolved/disorganized state of mind (U/d) with regard to attachment. This category separates into two areas: those dealing with U/d due to loss through death, which was present in all seven transcripts, and those who were U/d due to abuse (two transcripts).

U/d Loss.

This AAI scale records levels of disorganization surrounding previous losses through death. In this study all deaths had occurred at least two years prior, with several being 10 to 20 years previous. The lack of resolution was most often observed concerning either one or both parents, although in a few cases it was also in response to other family members (i.e. siblings,

grandparents). This particular theme has not been identified in previous SSA research. This finding acknowledges the need for researchers to delve more deeply into the area of unresolved losses in the lives of SSA men.

U/d Abuse

Wilson & Widom (2010) maintain that a growing body of research clarifies that same sex attracted adults report higher rates of child sexual victimization than their heterosexual peers. As previously stated Laumann, et al., (1994) found child sexual abuse of young males triples the likelihood of later homosexual orientation. The prevalence and impact of sexual abuse on personhood has become increasingly well-known over the last decade (Health Canada, 2003; Department of Justice, Canada, 2005). A qualitative study by Dorais (2002) indicated that normal development of gender identity, self-esteem, and self-concept was disrupted by sexual abuse. The boys felt they must be flawed and that their behavior signalled they felt less masculine, more vulnerable, and more inadequate.

Similar themes were identified in this study as the men discussed their experiences. This study continued to support previous research (Laumann, et al., 1994; Wilson & Widom, 2009), indicating that childhood sexual abuse and or early SSA experiences can have a profound effect on the development of same-sex attraction.

AAI codeable U/d due to sexual abuse, on the other hand, was only found in one of the seven participants; Isaiah, who was sexually abused by an uncle who he looked up to as a father figure. As previously noted, three other participants had experienced sexual abuse in childhood but because it was neither mentioned in the AAI interview, nor perpetrated by an attachment figure it could not be classified as U/d abuse according to the AAI. These incidences of sexual abuse were sustained at the hands of relatives and/or strangers. All of these men attributed their

experiences of sexual abuse as having impacted their sexual development. The influence these events had on each individual is identified in the Consistency of Findings, Interpretations, and Conclusions chart, Figure 5:1.

The differences in the findings of attachment for six of the participants who classified as E – preoccupied, was found in the sub-classifications of E 1 - passively preoccupied and E 3 - fearfully preoccupied. Another difference was that one participant was classified in the category of securely autonomous attachment.

Each of these participants also experienced a disorganized/disoriented state of mind due to loss of an attachment figure. Along with the disorganized/disoriented state of mind due to loss, came the U/d category of abuse for two participants. There was only one coding with physical abuse and another one with sexual abuse, although, as previously noted, additional cases of physical and sexual abuse were documented in the in-depth interview. All seven participants experienced a neglecting/rejecting father with only one individual having a score that was slightly lower and therefore not putting this participant in the insecure category.

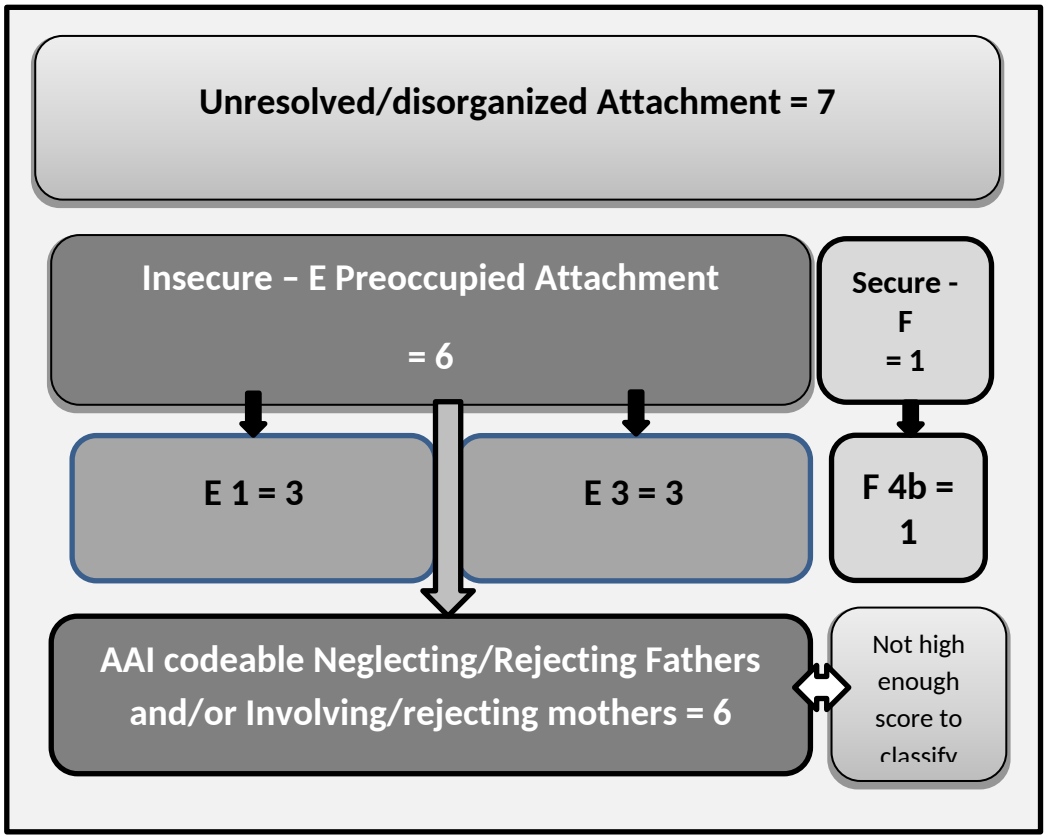
Research Question Two

The second research question considers how Christian men experiencing SSA describe their attachment. Intimate attachments are at the center of one's emotional life from infancy to old age, with the parental relationship creating attachment bonds that last a lifetime (Bowlby, 1973). Additionally, early attachment patterns and their underlying internal working models are relatively resistant to change (Bowlby, 1973). Moorhead (1999) argued that a template of the opposite-sex parent plays a critical role in influencing the choice of mate which, if true, would "demonstrate the presence of sexual elements in early attachments" (p. 368).

Table 5:2 Consistency of Findings

Consistency of Findings, Interpretaitons and Conclusions from the In-depth and AAI inteviews of a sample of Christian men experiencing SSA		
Findings	**Interpretations**	**Conclusions**
1. **Father:** all of the men interviewed exhibited exposure to medium to highly neglecting or rejecting fathers	The men in this study experienced either neglect and or rejecting fathers during their childhood	This finding concurs with previous literature which established that neglecting or rejecting father's had an impact on the development of same-sex attraction
2. **AAI Category U/d:** all the men interviewed in the AAI had unresolved state of mind with regard to loss through death of an attachment figure.	These men continued to struggle with the loss of primary attachment figures many years after their death. This unresolved state of mind seems to concur the insecure attachment category	This is a new and previously unexplored theme regarding same-sex attracted men. This theme indicates that unresolved state of mind is predominent for this group of men.
3. **Mothers**: only 2 of the men did not have highly involving/rejecting mothers; these two rated a 4 out of 9 in this category	The majority of the men in this study (5 out of 7) indicated highly involving, role reversing or rejecting relationships with their mothers	This finding reflects previous research which indicated involving, enmeshed mothers. This study also adds the dynamic of rejecting and neglecting categories. While some men indicated more involving/role reversing others experienced rejection from their mothers.
4. AAI Category E: six of the seven men experieced high levels of preoccupied attachment. Three transcripts indicated the sub-category E1 - passively preocuupied; thee transcripts indicated E3 fearful preoccupation	The insecure category E was an unexpected finding. The sub-categories E1 & E3 which are extrememly rare. This means the majority of men in this sample were not only insecurely attached by classified in a very unusual manner.	Both the AAI and the in-depth interviews were consistent in a preoccupied state of mind with regard to attachment. Although one man did classify as securely attached, he also recorded as having some preoccupation with undisclosed trauma.
5. Unresolved sexual abuse with regards to sexual abuse with the age of 12 as first contact - 4 of the men	These men, some having subsequent encounters at the onset of puberty perhaps indicates an vulnerability at that age.	This theme resonates with early research that uncovered similar experiences in the lives of SSA men.
6. Age of Discovery of SSA Most of these men did not consider themselves to be same-sex attracted until puberty.	The onset of puberty and sexual attraction for men signifies the beginning of sexual urges and expression of desire	This finding corresponds to previous resesearch concluding that men discover of SSA attraction in puberty.
7. Peer Rejection - a substantial pecentage of these men indicated peer rejection/bullying	Peer rejection and bullying seems to be a common for SSA boys	Again, this finding concurs with previous research indicating significant peer rejection for SSA boys and men.
8. God Attachment/Relationship Personal relationship experience with Jesus was essential to a feeling of love, safety and security	Relationship with God influences SSA behavior but not necessarily attraction thoughts.	Then need for a personal relationship with Jesus is essential then for restoration of Christian men who continue to experience SSA attraction.

Figure 5.1 Codeable Differences in State of Mind with regard to Attachment



The men in this study discussed their relationship with parents as they answered AAI question three, "*Could you give me five descriptive adjectives that describe your relationship with your mom (dad)?"* The answers to this question provide the reader with insight into the subsequent categorization of inferred parental relationship.

Question Two: Finding One: Described Attachment - The Parental Dyad

Although no one knows what causes same-sex attraction, previous research in the area of parental systems suggests the significance of a distant or neglecting father and/or an involving or enmeshed mother (Bailey, Dunne, & Martin, 2000; Bieber, Dain, Dince, Drellich, Grand, Gundlach, Kremer, Rifkin, & Wilbur, 1962; Byne & Parsons, 1993; Evans, 1969; Greenson, 1968; van den Aarweg, 1997). Early research into the phenomenon of same-sex attraction

(initially identified as homosexuality) predominantly focused on the parental dyad and indicated that homosexuals in general suffer from a deficit in their capacity for a relationship with the same-sex parent (Podder & De, 2011).

This study found the themes of rejecting/neglecting fathers in all of seven transcripts. Involving/rejecting mothers were found in five of the seven transcripts. Figure 4.4 gave the actual scores each man rated on the subsequent AAI scales in order to better understand the levels reached in each category. All scales range from one at the lowest to nine at the highest level on the continuum.

Fathers in the current study.

With respect to the theme of neglecting/rejecting fathers, findings in this study collaborate with early research (Bieber, et al.,1962; replicated by Evans, 1969 and van den Aardweg, 1984) regarding the emotional distancing of fathers from their sons. More current research speculates that the father becomes neglecting/rejecting due to the effeminate mannerisms of his young son (Landolt, et. al 2004; Savin, Williams & Cohen (2004); Savin & Williams, (2005). Roberts, Rosario, Corliss, Koenen, and Austin, (2012) maintain that gender nonconformity may also be a response to negative parenting and as such may be an indicator of abuse and risk factor for abuse, although evidence in favor of either causal direction has not been substantiated.

An involved father is associated with positive outcomes (DeKlyen, Speltz & Greenberg, 1998) and families with absent fathers appear to have sons with a higher risk for developing difficulties with sexual identity development (Biller & Kimpton, 1997). The Bieber et. al (1962) study suggested that a constructive, supportive, warmly-related father precludes the possibility of a homosexual son; he acts as a neutralizing, protective agent should the mother make seductive

or close-binding attempts. Nicolosi & Nicolosi (2002) maintain that the father plays a pivotal role in a boy's normal development as a male by being there emotionally and Karen (1998 p. 199) stated that the "formative power of the second parent" is critical, with father's being able to offer something to sons (and daughters) that mothers cannot. Karen also claims that "boys hunger for this relationship" and that the quality of the father's life and the quality of his relationship with his son will deeply affect the developing boy's sense of self and possibility.

The experiences of three of the participants in this study seem to support a distancing father reaction as a response to a 'mismatch' between expectations, abilities and personalities. These men indicated that they were gifted musically as well as being unusually introspective and academic high achievers. Perhaps then, it is not only effeminate mannerisms but also lack of understanding or attention to their son's interests which contributes to these father's becoming distancing or rejecting; or perhaps the fathers have remained neglecting/rejecting since the child's birth. Only one of these participants noted being particularly effeminate in childhood, although several suggested that they felt that they 'didn't measure up' to either their father's expectations or societal standards of male stature. A precarious "chicken or the egg" scenario, appears to occur in two realms: the initial source of gender non-conformity and the issue of whether the father was distancing initially or the mother over-involved in the first place.

Effective support and love from fathers for their sons could address the predisposition to gender non-conformance, as security in the parental attachment may negate the effects of any gender non-conformity and subsequent SSA. These findings reflect Nicolosi's (2002), who considered temperamental mismatch contributing to the father's neglecting and rejecting.

The in-depth interview revealed a continuing pattern of perceived neglect from the fathers of these participants. A supportive, involved and loving father is necessary to create a secure attachment for SSA men. Most of the participants in this study experienced a distant or neglecting father, rather than a rejecting one. Where neglect or rejection occurred repeatedly the internal working models of these men, were impacted by their parent's behaviors.

While no study to date addresses which of the maternal or paternal attachments were more influential, it seems apparent that both are extremely important to the child and that the combination of an involving/rejecting mother and a rejecting/neglecting father may have a direct effect on influencing the development of same-sex orientation.

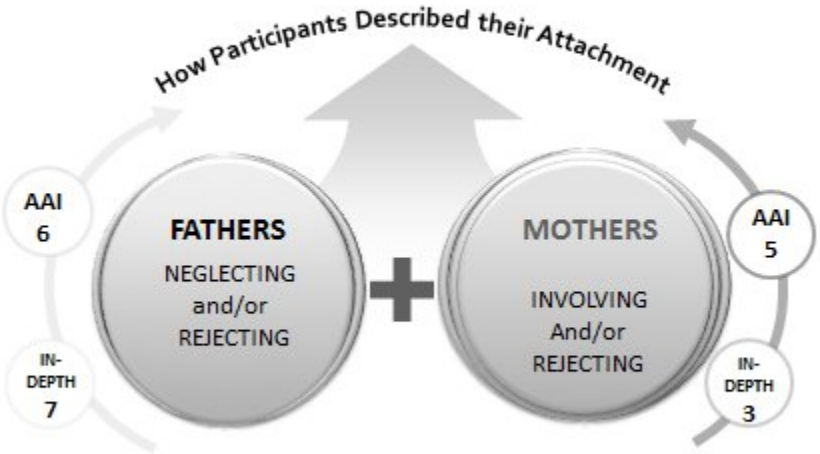
Involving/rejecting mother.

As mentioned previously, many studies report significantly involving/enmeshed or dominant mothers with this population (Bieber, et al., 1962); Evans, 1969; Siegelman, 1974; van den Aardweg, 1984; Byne & Parsons, 1993). The AAI used herein allowed this study to research both overly involved and/or rejecting mothers. This study not only supports previous research, but also expands the findings for this sample of SSA men. For the majority these participants, their mothers provided a place of understanding, which their father seemed ill equipped to provide, yet the level of caring provided by these mothers became over-involving.

Only two of the participants experienced profound rejection from their mothers. The in-depth interview supported the findings of the AAI with regard to an involving and or rejecting mother. It would appear that in the provision of 'safety' most of these mothers over compensated, becoming involving and/or enmeshed with their sons. On the other hand, for at least two of these participants, neither mother nor father provided even a quasi-safe haven with

both parents being extremely neglecting/rejecting creating insecurity, creating homes full of uncertainty, fear and trauma.

Figure 5.2 Participants descriptions of attachment



In reviewing the descriptions of participant's primary attachments, this study continues to support previous literature that researched the involvement of parental relationships on the developing child. Both mother and father attachment is extremely influential. In this study it was observed that more participants indicated a neglecting/rejecting father than an involving/rejecting mother, suggesting the relationship with the father may be the most influential in the development of SSA. This finding illuminates the need for further research in this area.

Research Question Three

Research question number three asks: "*How do participants understand the impact of*

their early relationships on their faith and same-sex attraction?" The purpose of this question in the in-depth interview was to explore how these individuals understood their faith and SSA within the context of close relationships.

Question Three - Finding One: The God Factor

One of the aspects this study explored was participant's views on the impact of Christian influences and faith on their same-sex attraction. Previous research primarily focuses on Christian beliefs and SSA and not the faith and spiritual experiences of men with SSA.

Miner (2009) stated that

> The degree of security of one's attachment to God has a small, significant association with well-being and anxiety, once the reported security of parental attachments is taken into account. This finding points to the relevance of considering one's spiritual attachment as an influence on psychological adjustment, beyond the effects of parental attachment (p. 120).

The present study confirms the need for an evaluative framework for Christian men struggling with SSA to process same-sex attraction, within a context of Christian faith. As these participants moved to a place of acceptance of self; the majority of them proposed a new identity, congruent with their religious beliefs and reflecting a deepening relationship with God and a personal identity found in God attachment. Research appears to suggest that seeking out a relationship with God may have compensatory motives (Kirkpatrick, 1998).

In the words of one research participant, "faith influences my behavior." All of the men in this study gave similar statements, with the exception of Luke who maintained that SSA influenced his faith. Luke poignantly shared, "I couldn't begin to tell you the number of nights I cried myself to sleep praying I'd wake not being gay the next day" but God did not take the thoughts away. Although Luke is not the only participant to wish God would take away SSA thoughts, he is the only one who did not report experiencing a personal relationship with God.

His transcript may indicate, in attachment terminology, that he is yet 'unresolved' in his attachment to God. As well, Luke reversed the priorities and themes found in the transcripts of the other participants from this study by describing an SSA identity and lifestyle while longing for a deeper relationship with God.

Miner, (2009) states that attachment to God seems foundational for positive adjustment in regards to a healthy committed religious orientation and would seem essential in the restricting of an SSA identity.

Question Three – Finding Two: Early Relationship Attachment and SSA

The majority of individuals in this study identified a perceived lack in the parental attachment relationship, which they associated with same-sex attraction development. This finding came directly from comments within each transcript and gave the researcher insight into how these participants viewed their development of SSA.

Many of the individuals in this study indicated that age 12 was the age in which SSA thoughts began. Several of these participants described the sexual abuse they suffered at this age as being transformational in their sexual understanding. Isaiah who recounted "always feeling this way," and considered SSA to have biological components, also indicated sexual thoughts and experiences as actually beginning around the age of 12, re-affirming previous research in this area (Laumann, et al., 1994; Roller, et al., 2009).

Many of these participants reported believing that a lack of parental love in the form of neglect, rejection, and over involvement contributed to the direction of their developing sexuality. All stated that they were looking for a father role model in their lives. In some cases where their own father lacked in providing for their attachment needs, other men became involved in their lives, for example the uncle who took an interest in one participant, only later to

sexually abuse him and the employer who introduced another to same-sex experiences. Only one participant (Joseph), experienced a positive 'surrogate' father (and mother) influence.

It seemed that once same-sex experiences occurred, thoughts of SSA predominated for many of these participants. Although all considered their father to be distant, not all considered that the primary source of the development of SSA. Isaiah, for example, reported feeling effeminate from the time he was quite young and although Luke gave a glowing description of his father, he also consistently stated that he tried unsuccessfully to connect with his him. Luke also stated at end of the interview that his mother's over-involvement could also have contributed to his SSA.

These statements collaborate with the findings from the other transcripts in this study indicating a neglecting/rejecting father and an involving/rejecting mother. This study's findings corroborate with the previous literature (Bieber, et al., 1962; replicated by Evans, 1969; van den Aardweg, 1984; Biller & Kimpton, 1997).

Question Three - Finding Three: Gender Non-conformity/polarization

Previous evidence supports an association between childhood gender nonconformity and sexual orientation; that SSA men tend to recall having been feminine as boys (Bailey, et al., 2000; Bem, 1996; Landolt et al., 2004). The present study, however, did not confirm Bem's (1996) claim that gender polarization is the most common explanation for homosexuality, but supports Landolt, et al., (2004) findings, suggesting that gender nonconformity is one of several childhood factors associated with homosexual orientation. Prior research also indicates that the majority of SSA males, even those who are particularly gender nonconforming in childhood, defeminize by adulthood (e.g. Saghir & Robins, 1973; Whitam, 1977). Given this reality it may

be that the parental dyad of a neglecting/rejecting father and an involving/rejecting mother has a more long lasting effect on development of SSA than does gender non-conformity.

Although peer rejection/gender nonconformity/bullying were not subjects directly addressed in either the AAI or the in-depth interview, bullying by peers was expressed in several transcripts. Retrospective studies comparing SSA and heterosexual men consistently indicate that SSA men report having experienced greater peer rejection and bullying due to gender nonconformity as children (Bailey & Zucker, 1995). This study agrees with these previous findings on peer rejection. Interestingly, in discussing secure parental attachment, Karen (1998, p. 199) states "children securely attached to both parents tend to be the most confident and competent" and that "securely attached children do not allow themselves to be bullied."

It is improbable that gender nonconformity (described as the relative absence of masculine traits and relative presence of feminine traits during boyhood) could lead to insecure primary attachment, it might be plausible that gender non-conformity is linked with negative parent/child relationships (Landolt, et.al, 2004). Given the findings of this study, father neglect/rejection and mother involving/rejecting appears to play a more important role in the long-term outcome of sexual development, than gender non-conformity.

According to the retrospective histories of several of the participants in this study, peer rejection and bullying was experienced and there is a possibility that the AAI E3 (fearfully preoccupied with traumatic events) category is indicative of these experiences. However, from the accounts of the participants in this study, and the subsequent E3 themes of unresolved trauma later connected to sexual abuse, these undisclosed traumas could also be related to childhood sexual abuse.

The findings for research question three, posed to reveal how the participants understood the impact of their early relationships on faith and SSA, substantiates previous research and validates findings in this study uncovered by the AAI. While all the participants indicated the deep significance of an intimate relationship with God, six of them saw this relationship as an identity (child of God) and considered it to be more important than their same-sex attraction. The result of this is that they contributed their faith as having influenced their SSA. One of the participants was 'unresolved' in his attachment to God. In this case his identity as same-sex attracted influenced his relationship and identity with God. The chart below summarizes these findings.

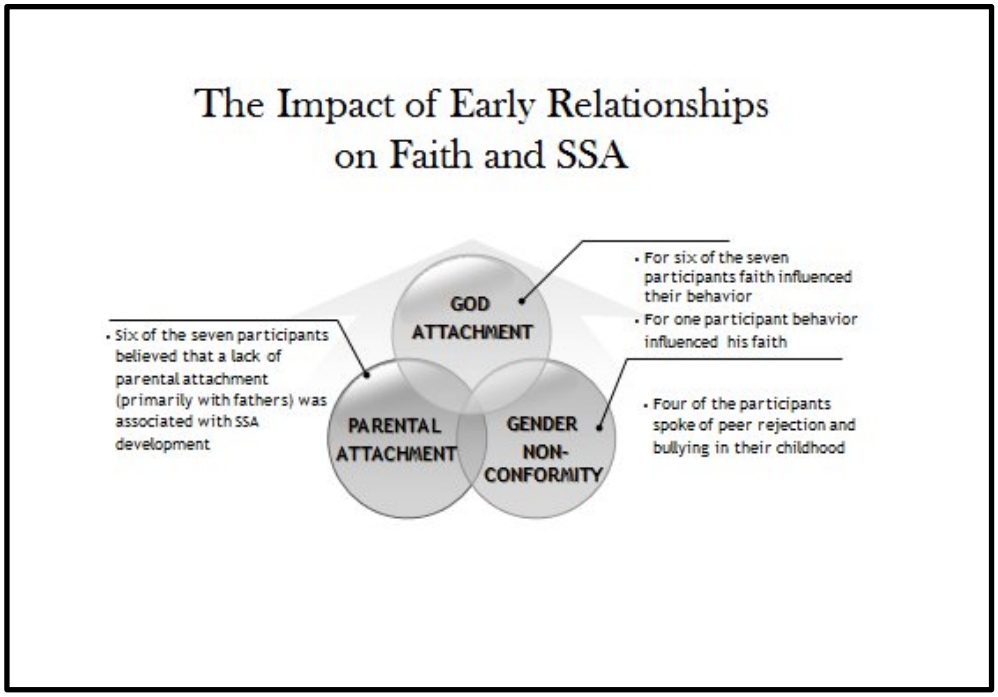
Research Question Four

The fourth and final question this research study addresses is: *"How do the participants compare and contrast?"* This question seeks to identify differences and similarities between the individuals in this study with special focus on their early childhood attachments, trauma, losses, and faith.

Comparisons

Each of the participants in this study experienced unresolved loss in the case of a parent and or close family member. As mentioned previously, this was a surprising finding which will definitely need further research in order to compare other groups of same-sex attracted men and draw supplementary conclusions.

Figure 5.3 The Impact of Early Relationships on Faith and SSA (from In-Depth Interview)



Six participants experienced insecure attachment (AAI category E). Each of these men, experienced a neglecting/rejecting father, while five participants experienced an involving/rejecting mother. These findings in particular substantiate earlier studies in the field of same-sex attraction.

Six individuals experienced abuse (sexual and or physical). This finding overlapped with the participants who experienced unidentified trauma. Abuse, and especially childhood sexual abuse has been previously found to be an important indicator in the development of same-sex attraction in boys. Therefore this finding continues to corroborate previous research.

Six individuals (four in AAI and two others in the in-depth interview) identified struggling with peer rejection. The high number of individuals spontaneously identifying a

struggle with peer rejection in childhood seems to point to need to further explore the depths of peer rejection.

Intrinsic God attachment was experienced by six participants of the seven participants. Yarhouse (2010) recognizes the 'identity in Christ script' as suggested by the intrinsic God attachment experienced by six of the participants in this study. Following are Yarhouse (2010, p. 51) main points of the 'identity in Christ script' which help the reader gain a deeper understanding of the intrinsic God relationship experienced by the individuals in the present study.

> Same sex attractions may be part of your experience, but they are not the defining element of your identity. You can choose to integrate your experiences of attraction to the same sex into a gay identity. You can choose to center your identity around other aspects of your experience, including your biological sex, gender identity, etc. The most compelling aspect of the personhood of the Christian is one's identity in Christ, a central and defining aspect of what it means to be a follower of Jesus.

This concludes the comparisons found within this study as well as between this study and previous SSA research.

Contrasts

In this study only one participant classified according to the AAI, as a secure autonomous attached individual. This finding identifies the continued need for further research utilizing the Adult Attachment Inventory (2002). The question here is, "what made the difference for this individual?" Two theories come to the mind of the researcher. The first is that this man has been able to synthesize, to some extent, the relationship with his father (in particular) and mother. He was not 'overly forgiving,' nor did he exhibit undue anger toward his parents as the interview advanced. Another is that the behavior of his parents (as indicated in the interview)

did not match the extremes of the other cases, although there were indications of father neglect and rejection, these behaviors were not to the extreme on the AAI continuum.

Another participant did not have an involving/rejecting mother, nor did all of these individuals experienced abuse or trauma or identified peer rejection in their transcripts. This being said, to find 100 percent agreement among the transcripts would have been extremely unusual.

One participant did not experience an intrinsic God attachment. This difference was discussed previously and it would seem that he chooses to use a gay identity script, at the expense of intimacy with God.

The above comparisons and contrasts provide a comprehensive summary of the findings of this study. A summary of the implications drawn from the research questions follows.

Summary of Implications

Multiple Interconnections

Monimore (1996) offers the following balanced view on SSA development: "Homosexuality is a human condition that develops as do most other complex behavioral phenomena, through a complicated and quite distinctly human intermingling of many factors – biological, psychological and social" (p. xii) including spiritual.

Equifinality.

Equifinality, refers to the observation that in any open system (cf Mayr, 1964, 1988;) a diversity of pathways may lead to the same outcome. Stated differently the same end state may be reached from a variety of different initial conditions and through different processes (von Bertalanffy, 1968; Cicchetti and Cohen, 2006) . As suggested in the literature review, there are

likely to be multiple pathways that influence the development of SSA. This study echoes this belief with primary parental relationship themes of previous research being predominant for the men studied.

The Minnesota 30 year longitudinal study of risk and adaptation from birth to adulthood (Sroufe, Egeland, Carson & Collins, 2005) produced some of the most meaningful and empirically clear links between early experience and later behavior based on patterns of attachment assessed at 12 and 18 months of age (Sroufe, Egeland, Carson & Collins, 2005). The cumulative power of multiple early risk factors has also been researched (Appleyard, et al., 2005). Risk in early childhood remains a significant predictor of behavior problems even when risk in middle childhood is controlled. The Minnesota study highlights the importance of the power of early experience (Sroufe, Coffino, & Carlson, 2010).

Several themes addressed in the literature review (exposure to violence, child sexual abuse, gender polarization, and parental relationships) have been mentioned in this chapter and correspond with what was found in this study. Another theme, maternal stress, identified by Dörner, et al., (1983), and discussed in chapter two, confirmed that when weighted to severity, stressful experiences of the pregnant mother helped predict sexual orientation of male offspring. Data suggest that "the most critical time in gestation for influencing human sexual orientation of male offspring is during the second trimester" (Ellis, et al., 1988, p. 152).

This study identified one man, Isaiah, who described the maternal stress his mother experienced during her pregnancy with him when she was separated from his father. Isaiah indicated that his mother "did not want another child and that the timing was not good." The possibility of in-utero mother rejection may have affected infant security.

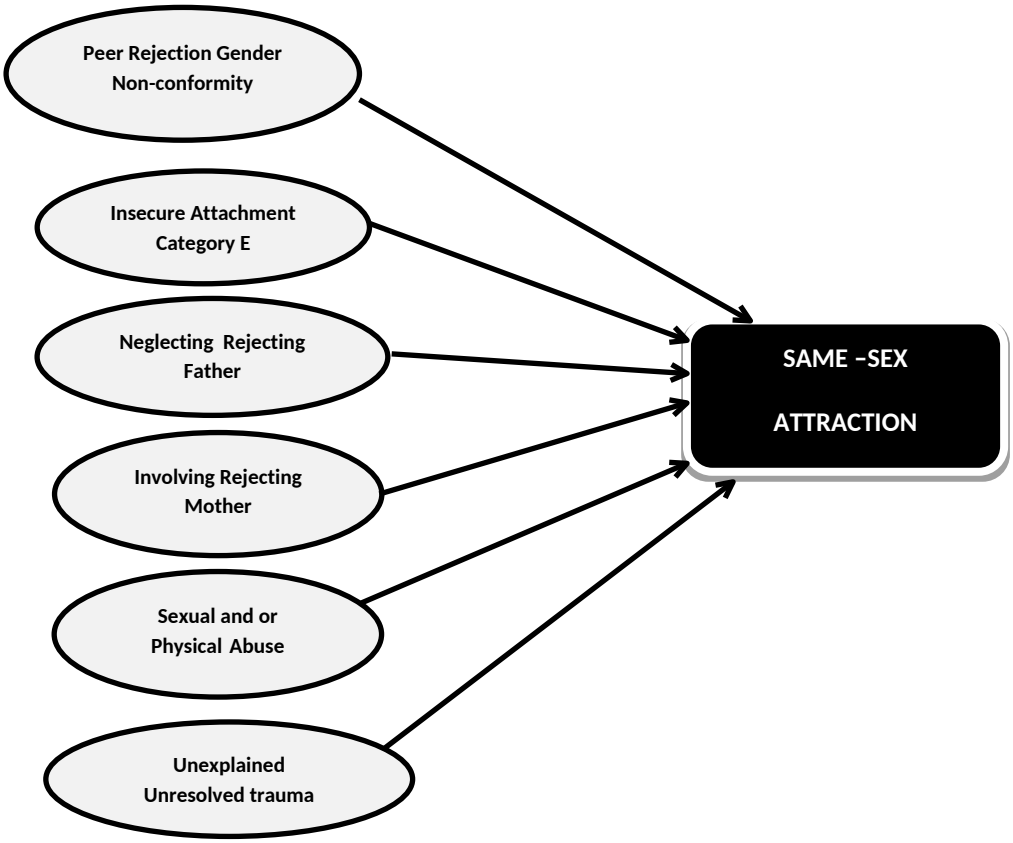
Although maternal stress was not probed further in this study, and is definitely not the kind of maternal stress described in the above studies (PTSD due to effects of war), the question of a possible interconnection is raised. Interestingly enough, Isaiah, the only one who indicated feeling more feminine than masculine as a young child, suggested that he believed that his SSA was biological. The influence of maternal stress during pregnancy on the development of SSA in some men will need further exploration in future studies.

As this study progressed, three major AAI themes U/d loss; E- passive categories ; a neglecting/rejecting father and an involved/rejecting mother were identified. In comparing the in-depth interview with the AAI, the theme of a neglecting father was the most significant one in each transcript.

For this sample of SSA men, God attachment/relationship and Christian belief was also a strong theme. Each participant described a Christian world-view as their essential belief system and faith shaping events were described in God attachment terms, with personal relationship with God experiences being seen as transformational. It was within these experiences that these individuals described finding acceptance, love and security as well as spiritual and emotional healing. Their descriptions clarified a transition from extrinsic to intrinsic faith which was transformational for them.

Faith influencers of SSA were largely negative or non-encouraging in the home for these men. Positive faith influences came largely from other adults who became involved with them as children by either connection at church and/or invitation into Christian family life. The experience of connecting with God, Christian families, friends, Sunday School teachers, etc. may

Figure 5:4 Possible multiple pathways toward a development of SSA observed within this study.



create resilience for children such as these, as they experience safety, security, love and acceptance in a new way.

Events primarily prompting same-sex attraction were explained as insecure parental attachment and childhood sexual abuse. All of these participants experienced unresolved/disorganized attachment due to loss (death) of a family member. It is unlikely that this has any direct effect on the development of SSA, as all losses occurred during participant's adult life. Perhaps as a result of insecurity in attachment with primary caregivers, these individuals found it difficult to adequately grieve such losses.

The finding of an AAI E classification of insecure attachment that applied to six of these men is a highly unusual finding for low risk individuals. The rare E3 category that was

discovered supports further consideration of early childhood trauma, as a possible factor influencing the development of SSA.

Last, there is consistency in the findings from this study with previous research that identified a distant or rejecting father and an over involved mother. Although directly acknowledging one parent as being more influential than the other in all of these transcripts is precarious, there continues to be a stronger consistency of distancing behavior from fathers, either through neglect or rejection. It seems that a lovingly connected father may have had a positive influence in the development of these boys and, as earlier research (DeKlyen, et al., 1998) suggests, work to compensate for over-involvement by mothers.

Recommendations for Further Research

The themes discovered in this study point to the need for future research on same-sex attraction, early childhood attachment, and the integration of faith in the lives of men and women experiencing SSA.

The need for continued research in several areas has been articulated throughout this chapter with the major themes identified. Continued investigation of the parental dyad (utilizing the AAI classification system) to detect similarities and differences in the lives of same-sex attracted men from other (non-Christian) backgrounds is needed. Quantitative and qualitative research is indicated required to further explore differing groups, such as heterosexual, SSA Christian, and SSA non-Christian men.

Exploration of childhood sexual abuse, physical abuse (particularly un-described or un-acknowledged trauma) in the lives of SSA men will be essential in future research. As the AAI and in-depth questions revealed, trauma was present in the majority of this sample of men. Consistency of findings with previous research suggests that this theme is a strong thread in the

development of SSA in some men; therefore more study in this area may bring further understanding to this linking.

Losses due to death of an attachment figure, a new theme found in this study, warrants further study to determine if this AAI theme emerges in the lives of other SSA men and to ascertain the importance of such a theme. Peer rejection and gender polarization, although not a focus of this study, was discussed by several men.

Although studied previously, further exploration of the interaction between father neglect/rejection and peer rejection could help to illuminate this important theme. A longitudinal study on the effect of maternal stress on the developing fetus could also be valuable in further understanding the relationship between in-utero stress/trauma and same-sex attraction development in men.

The influence of a Christ/God identity on the lives of Christian men who experience SSA would also be a fruitful area to study. Given the political and social climate of our society, in discussing Christian belief and SSA, it will continue to be important to present thorough, ethical, and empirically sound studies in the area of Christian belief and same-sex attraction.

Consideration for therapists

Along with the need for further research come aspects of consideration for therapists. The AAI classifications found in this study were informative with respect to these same-sex attracted men who seek treatment. For clinicians trained in the method, the AAI could be infused into a clinical application for treatment considerations. The AAI has been implemented for other populations [See the publication entitled *Clinical Applications of the Adult Attachment Interview* (Steele & Steele, 2008)].

Reflection on specializations in therapy for this group of men is indicated. These men were not particularly interested in reparative or change therapy (although they reported desiring SSA to cease), they were looking for their faith beliefs to be respected. Therefore referral to a Christian therapist who is open to joining them in the process of spiritual and emotional exploration and healing is important.

Authors Dallas & Heche (2010) offer a compassionate and thorough guide from a Christian perspective for counseling men who struggle with SSA. In terms of those seeking counseling for support in ceasing SSA related activity, Burkett & Yarhouse (2003) indicate:

> In terms of a person's ability to resolve themselves to live a chaste life, our experience is that appraisal of SSA and one's search for meaning is essential to a positive outcome. When people appraise or evaluate the meaning of their situation and find that it is personally meaningful or significant, they place their attractions in relation to global meaning about God's revealed will for human sexuality (p.16).

Dallas & Heche (2010) also maintain that in the local Christian community it is often people contending with SSA who live in isolation from others.

Yarhouse & Tan (2004) propose that a personal and/or religious evaluative framework may affect sexual identity development at the level of attributions that an individual makes concerning sexual identity. All but one of the participants in this study indicated strong developmental contributors existed to their same-sex attraction. Their interest was not in assimilating into a SSA lifestyle, but rather pursuing further investigation into these areas with the expectancy of reducing SSA and leaning more about their God identity. The need for a Christian world-view and theologically astute therapist is essential for counsel in these cases.

Locating the Researcher in Reference to the Findings

The need to study same-sex attraction prompted this researcher through this dissertation with a sense of purpose and discovery. The value of this work is evident in the discovery of the

findings and how they support and expand previous research in the area of same-sex attraction development. Of particular import are the outcomes of the adult attachment interview identified through the comprehensive analysis of the transcripts. It was interesting to observe that the finding of sexual abuse was not always disclosed in the AAI, but was several times explained in the in-depth interview.

The complexity of studying SSA by utilizing the AAI, provided a depth of perspective that has not previously been observed in other studies. The added perspective of God attachment in this study, and how it was acknowledged and explained by participants, was found to be extremely insightful. Spirituality is an important facet of people's lives and researchers and clinicians need to gain wisdom in order to adequately acknowledge and help Christian men who experience SSA. This study identifies the need for therapists, especially Christian therapists, to provide skilled counseling to such individuals, by acknowledging the deep faith of these clients and joining with them in their journey toward reaching their goals.

The experience of this research project increased an understanding of the development of SSA and supported many previous assumptions. At the same time the experience has exposed misunderstandings and allowed for a softening of viewpoint. This population seems indicative of many other clients who seek out counselling to relieve symptomology, yet who may actually be in need of depth therapy to resolve attachment and/or complex trauma injuries. A profound empathetic experience ensued in the process of this study which propels the researcher to continue to seek to understand and support this population.

Conclusion

Chapter five provided a discussion of the implications of the findings from this study. These findings have been compared and contrasted with conclusions found in the literature. The

four research questions were identified and answered concerning state of mind with respect to attachment, how Christian men experiencing SSA describe their attachment, and the impact of early relationships on faith and SSA. The findings of chapter four were also compared and contrasted. The implications of this study were discussed by comparing and contrasting with previous relevant studies. Conclusions were drawn and recommendations for future studies considered. Therapeutic strategies were also mentioned, with trauma therapy being vital for these individuals, along with the need for qualified professional Christian therapists to guide such men in their beliefs and faith.

Summary

This study looked deeply into the lived experiences of a sample of Christian men experiencing SSA seeking to understand how attachment and faith have interacted to influence same-sex attraction. The purpose of the study, research questions and definitions were discussed and a glimpse of the researcher's interest in studying the subject presented. An extensive review of the literature surrounding same-sex attraction, attachment, scriptural mandates, sexual abuse and parental influences was undertaken, followed by the detailing of the research method. This included an explanation of phenomenological study, data collection and data analysis procedures followed by a chapter on findings and theme wherein individual stories were shared and discussed, along with the relevant results. The final conclusions were highlighted along with recommendations for therapy and future studies.

This study has explored the experiences of these Christian men who have experienced same-sex attraction. The transcripts, designed to be coded in to AAI categories and in-depth summaries, also allowed for the sharing of vignettes. This in turn has brought to life the pain and

deep loss with regard to parent child relationships, allowing the researcher and perhaps the reader to experience a deeper level of compassion and empathy for this population.

It is the hope of the researcher that this preliminary exploration of Christian men who experience same-sex attraction encourages further research to expand understanding of this population.

References

Abrams, M., (2007). The Real Story on Gay Genes: Homing in on the science of homosexuality—and sexuality itself. *Discover Magazine.* www.*discovermagazine.com/topics/mind-brain/sex-the-brain* Downloaded March, 2012.

Ackard, D., & Neumark-Sztainer, D., (2003). Multiple sexual victimizations among adolescent boys and girls: Prevalence and associations with eating behaviors and psychological health. *Journal of Child Sexual Abuse.* Vol. 12 (1), p. 17-37.

Ainsworth, M.D.S., (1963). The development of infant-mother interaction among the Ganda. In B.M. Foss, (Eds.). *Determinants of infant behavior*. New York: Wiley. p. 67-104

Ainsworth, M.D.S., (1967). *Infancy in Uganda: Infant care and the growth of love.* Baltimore: John Hopkins Press.

Ainsworth, M.D.S. (1984). Attachments across the life span. *Bulletin of the New York Academy of Medicine, 61,* 792-812. In: R. Karen (1994). *Becoming attached: First relationships and how they shape our capacity to love.* New York: Oxford University Press.

Ainsworth, M.D.S. & Bell, S.M. (1970). Attachment, exploration and separation: illustrated by the behavior of one-year-olds in a strange situation. *Child development*, Vol. 41, p. 49-67.

Ainsworth, M.D.S., Bell, S., & Strayton, D., (1974). Infant-mother interaction and social development: Socialization as a product of reciprocal responsiveness to signals. In M. Richards (Ed.), *The integration of the child into the social world.* Cambridge, UK: Cambridge University Press. p. 99-135

Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation.* Hillsdale, N.J.: Erlbaum Publications.

American Academy of Pediatrics: Guidelines for the Evaluation of Sexual Abuse of Children: Subject Review Committee on Child Abuse and Neglect. *Pediatrics 1999; 103:1 186-191.*

American Heritage® Dictionary of the English Language, Fourth Edition copyright ©2000 by Houghton Mifflin Company.

APA, (2000). http://www.psych.org/departments/edu/library/apaofficialdocumentsandrelated/positionstatements/APA, 2010. *Publication Manual of the American Psychological Association.* Washington, DC.: American Psychological Association, p. 74.

Appleyard, K., Egeland, B., van Dulmen, M.H., Sroufe, L.A. (2005). When more is not better: the role of cumulative risk in child behavior outcomes. *Journal of Child Psychology.* Vol. 46 (3), p. 235-45.

Apologetics Study Bible (2007). Nashville, TN: Holman Bible Publishers

Armstrong, D., Gosling, A., Weinman, J., & Marteau T., (1997). The Place of Inter-Rater Reliability in Qualitative Research: An Empirical Study. *Sociology,* Vol. 31, (3), p. 587-606.

Ashley, M., (2003). Primary school boys' identity formation and the male role model: An exploration of sexual identity and gender identity in the UK through attachment theory. *Sex Education,* Vol. 3, p. 257-268.

Babbie, E. (1995). *The practice of social research* (7th ed.). Belmont, CA: Wadsworth. In: Groenewald, T., (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods.* Vol. 3 (1), article 4. Retrieved, Mar. 2011: http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/groenewald.pdf

Baker, E., Beech, A., & Tyson, M. (2006). Attachment disorganization and its relevance to Sexual Offending. *Journal of Family Violence.* Vol. 21 (3), p. 221-231.

Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2009). The first 10,000 adult attachment interviews: Distributions of adult attachment representations in clinical and non-clinical groups. *Attachment and Human Development. 11* (3), p. 223-263.

Bailey, C.A. (1996). *A guide to field research*. Thousand Oaks, CA: Pine Forge.

Bailey, J.M. & Bell, A.P. (1993). Familiality of female and male homosexuality. *Behavior Genetics.* Vol. 23,(4), p. 313-322.

Bailey, J.M., Dunne, M.P., Martin, N.G., (2000). Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample. *Journal of Personality and Social Psychology.* Vol. *78*(3), p. 524–536.

Bailey, J.M., & Pillard, R.C. (1991). A genetic study of male sexual orientation. *Archives of General Psychiatry.* Vol. 48(12), p. 1089-1096.

Bailey, J.M., Pillard, R.C., Dawood, K., Miller, M.B., Farrer, L.A., Trivedi, S. & Murphy, R.L. (1999). A family history study of male sexual orientation using three independent samples. *Behavior Genetics.* Vol. 29 (2), p. 79-86.

Bailey, J.M., Pillard, R.C., Neale, M.C., & Agyei, Y., (1993). Heritable factors influence sexual orientation in women. *Archives of General Psychiatry.* Vol. 50, p. 207-223.

Bailey, S. D. (1955). *Homosexuality and the Western Christian Tradition.* New York: Longmans, Green & Co. p. 4. In G. Haas, Hermeneuticla issues in the use of the Bible to justify the acceptance of homosexual practice. www.phc.edu/gj_haas_hermen.php. Downloaded 01/13/2012.

Balsam, K.F., Lehavot, K., Beadnell, B., & Circo, E., (2010). Childhood abuse and mental health indicators among ethnically diverse lesbian, gay and bisexual adults. *Journal of Consulting and Clinical Psychology.* Vol. 78, p. 459-468.

Balsam, K.F., Rothblum, E.D., & Beuchaine, T.P., (2005). Victimization over the lifespan: A comparison of lesbian, gay, bisexual and heterosexual siblings. *Journal of Consulting and Clinical Psychology.* Vol. 73, p. 477-487.

Bancroft, J., & Vukdainovic, Z., (2004). Sexual addiction, sexual compulsivity, sexual impulsivity, or what? Toward a theoretical model. *Journal of Sex Research.* Vol. 41 (3), p. 225-234.

Baradon, T., Fonagy, P., Bland, K., Na'rd K., & Sleed, M., (2008). New beginnings – An experience-based programme addressing the attachment relationship between mothers and their babies in prisons. *Journal of Child Psychotherapy.* Vol. 34(2), p. 240-258.

Beckstead, A. L., & Morrow, S. L. (2004). Mormon clients' experiences of conversion therapy: The need for a new treatment approach. *The Counseling Psychologist*, Vol.32, p. 651-690.

Bell, A.P., Weinberg, M.S., & Hammersmith, S.K. (1981). *Sexual preference: Its development in men and women.* Bloomington, IN: Indiana University Press.

Bem, D. J. (1996). Exotic becomes erotic: A developmental theory of sexual orientation. *Psychological Review*, Vo. 103(2), p. 328-329.

Benoit, D., & Parker, K.C.H., (1994). Stability and Transmission of Attachment across Three Generations. *Child Development*, Vol. 65, p. 1444-1456.

Bieber, I., Dain H.J.,. Dince, P.R., Drellich, M.G., Grand H.G., Gundlach, R.H., Kremer, M.W. Rifkin,A.H., Wilbur, C.B., Bieber., T.B. (1962). *Homosexuality: A psychoanalytic study.* New York: Basic Books.

Black, D.W., (1998). Compulsive sexual behavior: A review. *Journal of Practical Psychology and Behavioral Health,* Vol. 4, p. 219-229.

Bloomberg, L.D., & Volpe, M., (2008) *Completing your Qualitative Dissertation: A roadmap from beginning to end.* Los Angeles, California: Sage Publications. p. 74.

Blumstein, P. & Schwartz P. (1983). *American couples: money, work, sex.* New York: Marrow & Co.,

Bouthillier, D., Julien, D., Dube, M., Belanger, I., & Hamelin, M. (2002). Predictive validity of adult attachment measures in relation to emotion regulation behaviors in marital relations. *Journal of Adult Development,* Vol. 9(4), p. 291-303.

Bowlby, J. (1944). Forty-Four juvenile thieves: Their characters and home lives. *International Journal of Psycho-analysis,* Vol. 25, p. 19-52.

Bowlby, J. (1969). *Attachment and loss. Vol. 1.* Hogarth Press and the Institute of Psychoanalysis. In Bowlby, J. (1997). *Attachment and Loss*. Australia: Random House. p. 233.

Bowlby, J. (1973), Attachment and Loss: Volume II: Separation, Anxiety and Anger. *London: The Hogarth Press and the Institute of Psycho-Analysis.* p. 412.

Bowlby, J. (1977). *Maternal Care and Mental Health.* Jason Aronson Inc. Publishers

Bowlby, J. (1979). *The Making and Breaking of Affectional Bonds.* London, Tavistock. Originally published in British Journal of Psychiatry, p. 130: 201-10, p. 421-31. In: M. Salter Ainsworth (1984). Attachments across the life span. *Thomas William Salmon Lecture, sponsored by Psychiatry of New York Academy of Medicine*, 1984, p. 792.

Bowlby, J. (1982). *Attachment and Loss: Retrospect and Prospect.* American Journal of Orthopsychiatry. Vol. 52, (4), p. 664–678. *Published on line 2012*.

Bowlby, J. (1984). *Attachment and Loss.* Vol. 1. *Attachment* (2nd ed.). London: Penguin Publishing, p. 233.

Bowlby, J. (1988). *A secure base*. London: Routledge.

Bradley S.J. & Zucker, K.J. (1997). Gender identity disorder: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry,* Vol. 36, p. 872-880.

Bretherton, I. (1992). The origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Developmental Psychology,* Vol. 28, p. 759-775.

Bretherton, I., & Munholland, K.A. (2008). Internal working models in attachment relationships. In Cassidy & Shaver (Eds.), *Handbook of Attachment: Theory, Research and Clinical Applications,* pp.111-116, New York, NY: Guilford Press.

Brown, D. G. (1963). Homosexuality and family dynamics. *Bulletin of the Menninger Clinic*, Issue 27, p. 227-232.

Bunce, M., & Richards, A., (2004). *Working with Bereaved Children: A Guide.* Department for International Development: the children's legal centre; www.essex.ac.uk/armedcon/unit/projects/wwbc_guide/index.html

Busseri, M. A., Willoughby, T., Chalmers, H., Bogaert, A. F. (2008). On the association between sexual attraction and adolescent risk behavior involvement: Examining mediation and moderation. *Developmental Psychology,* Vol. 44(1), p. 69-80.

Byne, W. & Parsons, B. (1993). Human Sexual Orientation: The biologic theories reappraised. *Archives of General Psychiatry,* Vol. 50, p. 235.

Campbell, W.P. (2010). *Turning Controversy into Church Ministry.* Grand Rapids, Mich: Zondervan.

Carlson, E.A., (1998). A prospective longitudinal study of attachment disorganization/disorientation. *Child development,* Vol. 69, p. 1107-1128.

Cassidy, J., & Shaver, P.R. (2008). *Handbook of attachment: Theory, research and clinical applications* (2nd Ed.), New York: Guilford.

Cicchetti, D., (2006). Development and Psychopatholgy. In: Cohen, D.J, (2006), *Developmental Psychopathology, Theory and Method*, (2nd Edition). New Jersey: Wiley & Sons.

Cicchetti, D., & Rogosch, F.A. (1999). Conceptual and methodological issues in developmental psychopathology research. In P.C. Kendall, J.N. utcher, & G.N. Holmbeck (Eds.) *Handbook of research methods in clinical psychology*. (2nd Ed., p. 433-465)

Cicchetti, D., Toth,S.L. & Rogosch F.A. (1999). Maternal depressive disorder and contextual risk: contributions to the development of attachment insecurity and behaviour problems in toddlerhood. *Development and Psychopathology,* Vol. 10, p. 283-300.

Chambers, A. (2006). *God's grace and the Homosexual next door.* Eugene,Oregon: Harvest House, p. 80-81.

Chisholm, J.S., (1996). The evolutionary ecology of attachment organization. *Human Nature.* 1, 1-37. In M. D. Guidice and J. Belski, (2010). Sex Differences in attachment emerge in middle childhood: An evolutionary hypothesis. *Society for Research in Child Development.* Vol. 4, No. 2, p. 97-105.

Cicchetti D., & Cohen D.J., (2006). *Developmental Psychopathology, Theory and Method*, (2006); 2nd Edition. New Jersey: Wiley & Sons.

Clinton, T. & Sibcy, G. (2006). *Why you do the things you do?* Brentwood, TN: Integrity Publishers.

Coan, J., (2008). Toward a neuroscience of attachment. In: Cassidy & Shaver (Eds.) *Handbook of Attachment.* p. 241-259. New York, NY: Guilford Press.

Cohen K.M. & Savin-Williams, R.C. (2004). Development of Same-Sex Attracted Youth. http://www.springer.com/978-0-387-28871-0.

Cohen, R., (1999). Constellation of potential variables creating same-sex attractions (Chart). In: Cohen, R. (2006). *Coming out Straight: Understanding healing and homosexuality.* Winchester, VA: Oakhill Press.

Cohen, R. (2006). *Coming out Straight: Understanding healing and homosexuality.* Winchester, VA: Oakhill Press.

Cohen, R. (2010). *Straight talk about homosexuality.* Bowie, MD: International Healing Foundation Press.

Coleman, E., (1992). Is your patient suffering from compulsive sexual behavior? *Psychiatric Annals,* Vol. 22, p. 320-325.

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage, p. 139.

Coppola, G., Vaughn, B.E., Cassibba, R. & Costantini, A. (2006). The attachment script representation procedure in an Italian sample: Associations with Adult Attachment Interview scale and maternal sensitivity. *Attachment and Human Development*, Vol. 8 (3), p. 209-219.

Cowan, P.A., Cowan, C.P., & Neera, M. (1992). Adult attachment, couple attachment, and children's adaptation to school: an integrated attachment template and family risk model. *Attachment & Human Development,* Vol. 11 (1), p. 29–46.

Craig, G.J. (1996). *Human Development (7th Ed.).* Upper Saddle River, NJ: Prentice Hall, p. 1.

Crawford, A.,& Benoit, D. (2009). Caregiver's disrupted representations of the unborn child predict later infant caregiver disorganized attachment and disrupted interactions. *Infant Mental Health Journal*. Vol. 30 (2) 123-144.

Creeden, K. (2009). How trauma and attachment can impact neurodevelopment: Informing our understanding and treatment of sexual behavior problems. *Journal of Sexual Aggression*, Vol. 15 (3), p. 261-273.

Creswell, J.W. (2003). *Research Design: Qualitative, Quantitative, And Mixed Methods Approaches*. California: Sage Publications.

Creswell, J.W. (2007). *Qualitative Inquiry & Research Design.* California: Sage Publications.

Crowell, J.A., & Hauser, S.T., (2008). AAIs in high-risk sample: Stability and relation to functioning from adolescence to 39 years. In: Steele & Steele . *Clinical Applications of the Adult Attachment Interview,* p. 297-316. New York, NY: Guilford Press.

Crowell, J & Owens, G. (1998). The Manual for The Current Relationship Interview and Scoring system. New York: State University of New York, Stoney Brook. Version 4.

Crowell, J. & Treboux, D. (1995). A review of adult attachment measures: Implications for theory and research. *Social Development*. Vol. 4, p. 294-327.

Dallas, J. & Heche, N. (2010). *The complete guide to understanding homosexuality.* Eugene, Oregon: Harvest House.

Dank, B.M. (1973) *The development of a homosexual identity: antecedents and consequents* Madison, Wisconsin: University of Wisconsin.

Davis, D., Shaver, P.R., Widaman, K.F., Vernon, M.L., Follette, W.C., (2006). I can't get no satisfaction: Insecure attachment, inhibited sexual communication, and sexual dissatisfaction. *Personal Relationships*, Vol. 13 (4), p. 465–483.

Denzen, N., & Lincoln, Y.,(1994). Introduction: Entering the field of qualitative research. In: N. Denzin & Y. Lincoln (eds.) *Handbook of qualitative research.* Thousand Oaks: Cal. Sage. 1-17.

De Cecco, J.P. & Shively, M.G., (1984). Bisexual and homosexual identities: Critical theoretical issues. *Journal of homosexuality.* Vol. No. 2/3.

Diamond, L.M., (1998). Development of sexual orientation among adolescent and young adult women. *Developmental Psychology.* Vol. 34, No. 5, p. 1085-1095.

Diamond,L.M., & Savin-Williams, R.C. (2008). Correlates of same-sex sexuality in heterosexually- identified young adults. *The Journal of Sex Research. www.human.cornell.edu/hd/sexgender/.../3rd-revision-PDF-proof.pd.*

Dickson, N., Paul, C., & Herbison, P. (2003). Same-sex attraction in a birth order cohort: Prevalence and persistence in early adulthood. *Social Science & Medicine,* Vol. 56, 1607-1615. In: R. Savin & G. Ream, (2007). Prevalence and stability of sexual orientation components during adolescence and your adulthood. Archives of Sexual Behavior. Vol. 36, p. 385-394.

Doidge, N. (2004). *The Brain That Changes Itself.* Boston/New York: Little, Brown and Company, 2004.

Dorais, M., (2002). Don't tell: The sexual abuse of boys. *D. Meyer, Trans*. Quebec: McGill-Queens. In: S.M. Valente (2005). Sexual abuse of boys. *Journal of Child and Adolescent Psychiatric Nursing.* Vol. 18, No. 1, p. 10-16.

Dörner G, Götz F, Rohde W, Plagemann A, Lindner R, Peters H, Ghanaati Z. (2001). Genetic and epigenetic effects on sexual brain organization mediated by sex hormones. *Institute of Experimental Endocrinology.* Neuroendocrinol Letters. Vol.22. p. 403–9. http://www.shb-info.org/sitebuildercontent/sitebuilderfiles/7_dorner_et_al.pdf

Dörner, G., B. Schenk, G., Schenk B., Schmiedel B., Ahrens L., (1983). Stressful events in prenatal life of bi- and homosexual men. *Experimental and Clinical Endocrinology* Vol. 81, p. 83-87.

Dunne, M.P., Bailey, J.M., Kirk, K.M., & Martin, N.G., (2000). The subtlety of sex-atypicality. *Archives of Sexual Behavior.* Vol. 29, p. 549-565.

Eagle, M., (2011). Attachment and psychoanalysis. *British Journal of Medical Psychology.* Vol.70, (3). P. 217–229. http://onlinelibrary.wiley.com/doi/10.1111/j.2044-8341.1997.tb0190

Eagleton, T. (1983). *Literary theory: An introduction*. Oxford: Basil Blackwell, p. 54-56. In: Groenewald, T., (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods, 1,*(3), 1, article 4. Retrieved, Mar. 2011: http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/groenewald.pdf.

Edelman, G.M., (2006). *Second Nature: Brain Science and Human Knowledge.* New Haven, CT/London: Yale University Press, 24.

Egeland, B., Jackobvitz, D., & Scroufe, L.A., (1988). Breaking the cycle of abuse: Relationship predictions. *Child Development*, Vol. 59*,* p. 1080-1088.

Ellis, L., & Ames, M.A. (1987). Neuro-hormonal function and sexual orientation: a theory of homosexuality-heterosexuality. *Psychological bulletin*, Vol. 101, p. 233-38.

Ellis, L., Peckham, W., Ames, M.A., & Burke, D., (1988). Sexual orientation of human offspring may be altered by severe maternal stress during pregnancy. *Journal of Sex Research.* Vol. 25, (1). p. 152-157.

Ellis, L., Robb, B, & Burke, D. (2005). Sexual orientation in United States and Canadian college Students. *Archives of sexual Behavior.* Vol. 34, p. 569-681.

Erisir, A., (2011). Undergraduate Neuroscience. *University of Virginia.* www.faculty.virginia.edu/**neuroscience**/

Erikson, M.F., Sroufe, L.A. & Egeland, B., (1985). The relationship between quality of attachment and behavior problems in preschool in a high-risk sample. In I. Bretherton & E.Waters (Eds.), Growing points of attachment theory and research (pp. 147-166). Monographs of the Society for Research in Child Development, 50. (1-2, Serial No. 209).

Eskin,M., Kaynak-Denir, H., & Demir, S., (2005). Same-sex orientation, childhood sexual abuse and suicidal behavior in university students in Turkey. *Archives of Sexual Behavior.* Vol. 34, (2), p. 185-195.

Evans, R. B. (1969). Childhood parental relationships of homosexual men. *Journal of Consulting and Clinical Psychology,* Vol 33(2), p. 129-135.

Feeny, A.J., & Raphael, B., (1992). Adult attachments and sexuality: Implications for understanding risk behavior for HIV infection. *Australian and New Zealand Journal of Psychiatry.* Vol. 26, p. 399-407.

Fonagy, P., Steele, M., Steele, H., (1991). Maternal Representations of Attachment during Pregnancy Predict the Organization of Infant-Mother Attachment at One Year of Age. *Child Development*, Vol. 62, p. 891-905.

Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., (1995). Attachment, the reflective self and borderline states: The predictive specificity of the Adult Attachment Interview and pathological emotional development. In S. Goldberg, R. Muir, Y J. Kerr (Eds.). *Attachment theory: Social, developmental and clinical perspectives.* Hillside, NJ: Analytic Press.

Fonagy, P., Leigh, T., Steele, M., Steele, H., Kennedy, R., Mattoon, G., Target, M., & Gerber, A., (1996). The relation of attachment status, psychiatric classification and response to psychotherapy. *Journal of Consulting and Clinical Psychology,* 64. p. 22-31.

Ford, C.S., & Beach, F.A., (1952). *Patterns of Sexual Behavior.* London: Eyre and Spotisnwoode. In: N.Whitehead and B.Whitehead, (1999). *My Genes Made Me Do It!* Lafayette, LA: Huntington House Publishers.

Freeman, W., & Meyer, R.G. (1975). A behavior alteration of sexual preferences in the human male. *Behavior therapy,* Vol. 6, p. 206-212.

Friedman, M.S., Marshal, M.P., Guadamuz, T.E., Wei, C., Wong, C.F., Saewyc, E., Stall, R., (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American Journal of Public Health.* Vol. 101(8), p. 1481-94.

First, M.B. (Ed.). (2000). *Diagnostic and statistical manual of mental disorders* (4th Ed),Washington, DC: American Psychiatric Association.

Frodi, A., Dernevik, M., Sepa, M., Philipson. A., Brages,M., 2001. Current attachment representations of incarcerated offenders varying in degree of psychopathy. *Attachment and Development*, Vol. 3 (3), p. 269-283.

Gaensbauer, T.J., Harmon, R.J., Cytryn, L., & McKnew, D., (1984). Social and affective development in infants with a manic-depressive parent. *American Journal of Psychiatry,* Vol. 141, p. 223-229.

Gagnon, R.A.J. (2001). *The Bible and Homosexual Practice: Tests and Hermeneutics*. Nashville, TN: Abingdon Press. p.26.

Gallop (2012). www.gallup.com/poll/.../adults-estimate-americans-gay-lesbian.aspx

Garcia-Falgueras, A., Swaab, D.F., (2010). Sexual hormones and the brain: an essential alliance for sexual identity and sexual orientation. *Endocrine Development*, Vol. 17, p. 22-35.

George, C., Kaplan, N., & Main, M., (1985). *Adult Attachment Interview protocol* (2nd ed.). Unpublished manuscript, University of California, Berkeley.

Giorgi, A. (1979). The relationships among level, type and structure and their importance for social science theorizing: A diologiue with Shutz. In A. Goirgi, R. Knowles & D.L. Smith (Eds.), *Dusquesne studies in phenomenological psychology* (vol. 3, p. 81-92). Pittsburgh: Dusquesne University Press. In: C. Moustakas, 1994, *Phenomenological Research Methods.* Thousand Oaks, Cal.: Sage Publications.

Gooren, L.J.G. (1988). An appraisal of endocrine theories of homosexuality and gender dysphonia in psychology and endocrinology of sexual function. Handbook of sexology, (Sisten, Ed.) *6,*410-424. New York: Elsevieer. In: Homosexuality: the use of scientific research in the church's moral debate, J. L. Stanton & M.A. Yarhouse, Downers Grove: IL: Intervarsity Press, p. 61.

Goode, E., & Haber, L. (1977). Sexual correlates of homosexual experience: An exploratory study of college women. *Journal of Sex Research*. Vol. 13, (1), p. 12 – 21.

Goldberg, S., (1992). *When Wish Replaces Thought: Why so much of what you believe is false.*. New York: Prometheus, p. 53, 63.

Goldberg, S. (2000). *Attachment and Development.* London, England: Hodder Education.

Greenberg, D.F., (1988). *The Construction of Homosexuality*. Chicago: University of Chicago Press. p. 74-77.

Greenson, R.R. (1968). Dis-identifying from mother: its special importance for the boy. *International Journal of Psychoanalysi*, Vol. 49*,* 370. In: P. Sprigg & T. Dailey (Eds.) 2004. *Getting It Straight,* p. 20.

Groenewald, T., (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods, 1,*(3), 1, article 4. Retrieved, Mar. 2011: http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/groenewald.pdf

Grossman, K.E., Grossman, K., (1991). Attachment quality as an organizer of emotional and behavioral responses in a longitudinal perspective. In C.M. Parks, J. Stevenson-Hinde & P. Marris (Eds.), *Attachment across the life cycle,* p. 93-114. London: Tavistock/Routledge.

Grossman, K.E., Grossman, K. & Waters E. (2005) *Attachment from Infancy to Adulthood: the Major Longitudinal studies.* New York, NY.; Guilford Press.

Grossman, K.E., Grossman, K., Winter, M., & Zimmerman, P. (2002). Attachment relationships and appraisal of partnership: From early experience of sensitive support to later relationship representation. In L. Pulkkinen & A Caspi (eds.), *Paths to successful development,* p. 73-105. Cambridge, UK: Cambridge University Press.

Grych, J.H., & Fincham, F.D. (eds) (2001). *Interparental conflict and child development theory, research and applications.* Cambridge, MA: Cambridge University Press. In: K.E. Ranson, & L.J. Urichuk,. (2008). The effect of parent-child attachment relationships on child biopsychosocial outcomes: a review. *Early child development and Care, 178* (2), 129-152.

Gundlach, R.H. (1969). Childhood parental relationships and the establishment of gender roles of homosexuals. *Journal of consulting and clinical psychology,* p. *33,*137.

Hagedorn,W.B. (2009). Sexual addiction counseling competencies: empirically-based tools for preparing clinicians to recognize, assess and treat sexual addiction. *Sexual Addiction and Compulsivity,16,* 190-209.

Haider-Markel, D.P., & Joslyn, M. (2008). Beliefs about the origins of homosexuality and support for gay rights: An empirical test of attribution theory. *American Association of Public Opinion Research.* Oxford University Press. Vol. 72, No. 2, 291-310.

Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. *Professional Psychology: Research and Practice*, Vol. 33(3), p. 260–264.

Haley, M. (2004). *101 Frequently asked questions about homosexuality.* Eugene, Oregon: Harvest House Publishers. (pp. 22-25).

Hall, M.E.L., Gorsuch, R.L., Maloney, H.N. Jr., Narramore, S.B. & Van Leeuwen, M.S. (2006). Dialogue, embodiment and the Unity of faith and learning: A conversation on integration in a postmodern age. *Journal of Psychology and Christianity.* Vol. 24, No.4, 33-337.

Halley, H.H. (1965). *Halley`s Bible Handbook.* Grand Rapids, Mich.: Zondervan Publishing, p. 20-21.

Hallman, J. (2008). *The heart of female same-sex attraction.* Downers Grove, Illinios: Intervarsity Press.

Hamer, D. , (1993). A linkage between DNA markers on the X chromosome and male sexual orientation. *Science.* 261, p. 321-327.

Hammersmith, S. K. & Weinberg, M., (1973). " Homosexual Identity." Sociometry, 36(1), pp. 56-79.

Hanckel, F. & Cunningham, J.. (1979). *A Way of Love, a Way of Life: A Young Person's Introduction to What It Means to Be Gay.* New York: Lothrop.

Harry, J. (1990). A probability sample of gay males. Journal of Homosexuality Vol. 19(1), p. 89-104.

Haskett, M.E., Marziano, B., & Dover, E.R., (2002). Children referred for possible sexual abuse: Medical findings in 2384 children. *Child Abuse and Neglect.* Vol. 20 (12). (p. 175-182).

Hawkins, S. (2007). *Counseling Theories Class notes.* Lynchburg VA: Liberty University.

Hayes, J.J., (1996). Gayspeak. *Quarterly Journal of Speech.* Vol. 62, p. 256-266.

Hazan, C., & Shaver, P. R. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*, 511-524.

Heidegger, M., (1977). *Basic Writings.* (D. Krell, Ed.). New York: Harper & Row. Herrn, R., (1995). On the history of biological theories of homosexuality. *Journal of Homosexuality, 28* (1-2), 31-56. In: C. Moustakas, 1994, *Phenomenological Research Methods.* Thousand Oaks, Cal.: Sage Publications.

Hesse, E. (2008). The Adult Attachment Interview: Protocol, Method of Analysis and Empirical Studies. In: J. Cassidy & P. Shaver (Eds.), *Handbook of Attachment* (pp. 552-591). New York, NY: Guilford Press.

Hesse, E. (2008). The Adult Attachment Interview: Protocol, method of analysis and empirical studies. In J. Cassidy & P.R. Shaver (Eds.) *Handbook of Attachment: Theory, research and clinical applications.* (pp. 385-433). New York: Guilford.

Hesse, E., & Main, M., (2000). Disorganized Infant, Child, and Adult Attachment: Collapse in Behavioral and Attentional Strategies. Journal of the American Psychoanalytic Association, 48, 1097-1127.

Hesse, E., & Main, M., (1999). Second-generation effects of unresolved trauma in non-maltreating parents: Dissociated, frightened and threatening parental behavior. *Psychoanalytic Inquiry, 19,* 481-540.

Hesse, E. & Main. M. (2002). *Adult attachment scoring and classification systems (Manual).* Unpublished Manuscript, Department of Psychology, University of California at Berkeley, (pp. 187).

House, R., & Holloway, E., (1992). Empowering the counseling professional to work with gay and lesbian issues. In S. Dworkin & R. Gutierrez (Eds.), *Counseling gay men and lesbians: Journey to the end of the rainbow.* (p. 307=323). Alexandria, VA: American Counseling Association. *Journal of Clinical Psychology*, Vol. 51, 448-456.

Hubbard, R., & Wald, E., (1997). *Exploding the Gene Myth.* Boston, Massachusetts: Beacon Press, p. 94.

Jones, S.L., & Yarhouse, M.A. (2000). *Homosexuality: the use of Scientific research in the church's moral debate,* Downers Grove: IL: Intervarsity Press.

Jones, S.L. & Yarhouse, M.A., (2007). *Ex Gays? A longitudinal study of religiously mediated change in sexual orientation.* Downers Grove, Illinois: Intervarsity Press.

Karen, (1994). *Becoming attached: First relationships and how they shape our capacity to love.* New York: Oxford University Press.

Kazdin, A.E. (2003). *Research Design in Clinical Psychology (4th Edition).* Needham Heights, MA: Allyn & Bacon.

Kurdeck, L. (1997). Relationship Outcomes and Their Predictors: Longitudinal outcomes from heterosexual married, gay cohabitating and lesbian cohabitating couples. *Journal of Marriage and Family,* Vol. 60 (3).

Landolt, M.A., Bartholomew, K., Saffery, C., Ormen, & Perlman, (2004). Gender nonconformity, childhood rejection and adult attachment: A study of gay men. *Archives of Sexual Behavior*, Vol. 33 (2), p. 117-128.

Landolt, M. A., & Dutton, D. G. (1997) Attachment style as a predictor of adult romantic relationships. *Journal of Personality*. *& Social Psychology*, Vol. 58(2), p. 281-291.

Laumann, E.O., Gagnon, J.H. Michael, R.T., Michaels, S. (1994). *The Social Organization of Sexuality: Sexual practices in the United States.* Chicago: Chicago Press. Vol. 1, p. 283.

Lewis, K. (1988). *The Psychoanalytic Theory of Male Homosexuality.* New York: Simon and Schuster. In: Dallas, J. & Heche, N. (2010). *The complete guide to understanding homosexuality.* Eugene, Oregon: Harvest House, p. 177.

Liszcz, A.M., & Yarhouse, M.A., (2005). A survey on the views of how to assist with coming out as gay, changing same-sex behavior or orientation, and navigating sexual identity confusion. *Ethics and Behavior:* Vol. 15, (2), p.159-179.

Lyon-Ruth, K., Connell, D., Grunebaum., H., & Botein, S., (1990). Infants at social risk: Maternal depression and family support services as mediators of infant development and security of attachment. *Child Development*, Vol. 6*1,* p. 85-98.

Liotti, G. (2004). Trauma, dissociation and disorganized attachment: three strands of a single braid. *Psychotherapy: Theory, Research, Practice and Training*, Vol. 41, p. 472-486.

Loche S, Cappa M, Ghizzoni L, Maghnie M, Savage MO (eds) (2010) : Paediatric neuroendocrinology. *Endocrine Development,* Vol. 17, p. 22–35.

Maccoby, (1990). Gender and relationships. *American Psychologist*, Vol. 45, p. 513-520.

Main, M. (1990). Cross-cultural studies of attachment organization: Recent studies, changing methodologies and the concept of conditional strategies. *Human Development*, Vol. 33(1).

Main, M. (1996). Introduction to the special section on attachment and psychopathology: overview of the field of attachment. *Journal of Consulting and Clinical Psychology*, Vol. 64 (2), p. 237-243.

Main, M. (2000). The organized categories of infant, child an adult attachment: Flexible vs inflexible attention under attachment related stress. *Journal of American Psychoanalytic Association*, Vol. 48 (4), p. 1055-1096.

Main, M., Goldwyn, R., & Hesse, E. (2002). *Adult attachment scoring and classification systems (Manual)*. Unpublished Manuscript, Department of Psychology, University of California at Berkeley.

Main, M., Hesse, E., & Goldwyn R., (2008). Studying differences in language uses in recounting attachment history. In: H. Steele & M. Steele (Ed.s), *Clinical applications of the Adult Attachment Interview* (p. 31-65). New York, N.J.: Guilford Press.

Main, M., Kaplan, N., & Cassidy, J., (1985). Security in infancy, childhood and adulthood. A move to the level of representation. In: I. Bretherton & E. Waters (Eds), Growing points in attachment theory and research (p. 66-104). *Monographs of the Society for Research in Child Development*, Vol. 50, p. 209.

Masters,W.H., Johnson, V.E., & Kolodny, R.C., (1984). *Human Sexuality.* Boston, Massachusetts: Little, Brown and Company, p. 391-320. In: J. Dallas, & N. Heche, (2010). *The complete guide to understanding homosexuality.* Eugene, Oregon: Harvest House.

Mayr, E. (1964) The Evolution of living systems. *Proceedings of the National Academy of Sciences,* 51, p. 934-941. In: Cohen (2006), *Developmental Psychopathology, Theory and Method, 2006 (2nd Edition*);. New Jersey: Wiley & Sons.

Mayr, E. (1988). *Toward a new philosophy of biology.* Cambridge, MA: Harvard University Press. In: Cohen (2006) *Developmental Psychopathology, Theory and Method*, (2006); 2nd Edition. New Jersey: Wiley & Sons. (p. 13)

McKenzie, S., (2010). Genders and sexualities in individuation: theoretical and clinical explorations. *Journal of Analytical Psychology*, Vol. 59*,* p. 91–111.

Medawar, P.B. (1967). *The art of soluble.* London: Methuen; New York: Barnes and Noble.

Milacci, F.A. Jr. (2003). A step towards faith: The limitations of spirituality in adult education practice. *A thesis in adult education, submitted in partial fulfillment of the requirements for the degree of Doctor of Education,* Pennsylvania State University.

Miner, M. (2009). The impact of child-parent attachment, attachment to God and religious orientation on psychological adjustment. *Journal of Psychology and Theology*, vol. 137(2), p. 114-124.

Money, J. (1974). Two names, two wardrobes, two personalities. *Journal of Homosexuality*, Vol. 7(1), p. 65-70.

Monimore, M. F., (1996). *A Natural History of Homosexuality*. Baltimore, MD: The John Hopkins University Press.

Moorhead (1999). Oedipus, Darwin, and Freud: One big happy family? *Psychoanalytic Quarterly,* Vol. 69, No. 3, p. 347-375.

Moran, G., Neufeld-Bailey, H., Gleason, K., De Oliveira, C.A., Peterson, D.R., (2008). Exploring the mind behind unresolved attachment: lessons from and for attachment based interventions in infants and their traumatized mothers. In: H. Steele & M. Steele (Eds.)., *Clinical Applications of the Adult Attachment Interview,* p. 371-391. New York, NY: Guilford Press.

Mohr, J.J. (2008). Same-sex romantic attachment. In: J. Cassidy & P. Shaver (Eds.). *Handbook of Attachment: Theory, research & clinical applications* (p. 483-498). New York, N.Y.: Guilford Press.

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*, Vol. 50 (4), p. 482-495.

Moreland, J.P., (contributor)(2007). *The Apologetic's Study Bible.* Nashville, TN: Holman Bible Publishers. p.1700.

Moustakas, C. (1994). *Phenomenological Research Methods*. Thousand Oaks, California: Sage Publications.

Multifinality: http://www.psychology-lexicon.com/cms/glossary/glossary-m/1419-multifinality.html

Nicolosi, J. (1991). *Reparative Therapy of Male Homosexuality*. New Jersey: Jason Aronson Inc.

Nicolosi, J.J., Byrd, A.D., & Potts, R.W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients, *Psychological Reports,* Vol. 86. P. 1071-1088. In: C. H. Rosik (2003), Motivational, ethical and epistemological foundations in the treatment of unwanted homoerotic attraction. *Journal of Marital and Family Therapy,* Vol. 29, No. 1, p.13.-28.

Nicolosi, J. & Nicolosi L.A. (2002) *A Parent's Guide to Preventing Homosexuality*. Downers Grove, Illinois: Intervarsity Press.

Nicolosi, J.J. (2009). *Shame & Attachment Loss.* Downers Grove, Illinois: Intervarsity Press.

Phenomenology (n.d.). *Online Etymology Dictionary*. Retrieved March 18, 2011, from Dictionary.com website: http://dictionary.reference.com/browse/phenomenology.

Phenomenology Online. The phenomenological reduction: concreteness. Retreived June 1, 2012 from Phenomenology online:

http://www.phenomenologyonline.com/inquiry/methodology/reductio/phenomenological-reduction/ www.psychiatry.healthse.com/psy/categories/C5/ (2004).

Phillips, J.C. (2004). A welcome addition to the literature: Non-polarized approaches to sexual orientation and religiosity. *The Counselling Psychologist.* Vol. 32, p. 771-777.

Pillard, R. & Bailey, J. M., (1998). Human sexual orientation has a heritable component. *Human Biology*. Vol. 70, p. 347-65.

Current Medical Diagnosis Psychiatry. p*sychiatry.healthse.com/psy/more/multiplepathways/*

Rae, S.B. (contributor) (2007). *The Apologetic's Study Bible.* Nashville, TN: Holman Bible Publishers. p. 1716.

Ranson, K.E., & Urichuk, L.J., (2008). The effect of parent-child attachment relationships on child biopsychosocial outcomes: a review. *Early Child Development and Care*, Vol.178 (2), p. 129-152.

Reinisch, J.M., (1990). *The Kinsey Institute New Report on Sex.* New York: St. Martin's Press. p. 139-141.

Rice, G., C. Anderson; N. Risch; and G. Ebers. 1999. Male homosexuality: absence of linkage to microsatellite markers at Xq28. *Science*. Vol 284, p. 665-67.

Ridge, S.R., & Feeney, J.A. (1998). Relationship history and relationship attitudes in gay males and lesbians: attachment style and gender differences. *Australian and New Zealand Journal of Psychiatry*, Vol. 32, p. 848-859.

Roberts, A.L., Austin, S.B., Corliss, H.L., Vandermorris, A.K., & K.C., Koenen (2010). Pervsive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder. *American Journal of Public Health.* Vol. 100, (12), p. 2433-2439.

Roberts, A.L., Rosario, M., Corliss, H.L., Koenen, K.C.& Austin, S. B. (2012). Childhood gender nonconformity: A risk indicator for childhood abuse and posttraumatic stress in youth. American Academy of Pediatrics. http://pediatrics.aappublications.org/content/early/2012/02/15/peds.2011-1804.

Robertson, J. (1953). *A two year old goes to hospital.* [film]. University Park, PA: Pen State Audio Visual Services. In: R. Karen (1994). *Becoming attached: First relationships and how they shape our capacity to love.* New York: Oxford University Press.

Roller, C., Martsolf, D.S., Draucker, C.B., & Ross, R., (2009). The sexuality of childhood sexual abuse survivors. *International Journal of Sexual Health.* Vol. 21, p. 49-60.

Rosik, C.H. (2003). Motivational, ethical and epistemological foundations in the treatment of unwanted homoerotic attraction. *Journal of Marital and Family Therapy*. Vol. 29, (1), p.13.-28.

Saewyc, E., Skay, C., Richens, K., Reis, E., Poon, C., & Murphy, A., (2006). Sexual orientation, sexual abuse, and HIV risk behaviors among adolescents in the Pacific Northeast. *American Journal of Public Health.* Vol. 96, (6), p. 1108.

Sagi-Schwartz, A., Koren-Karie, N., & Joels, T., (2003). Failed mourning in the adult attachment interview: The case of holocaust child survivors. *Attachment and Human Development*, Vol.5, p. 398-408.

Sagi,A., van IJzendoorn, M., Scharf, M., Korne-Karje, N., Joels,T,, & Mayseless, O., (1994). Stability and discriminant validity of the Adult Attachment Interview. *Developmental Psychology*, Vol. 3*0* (5), p. 771-777.

Samenow, C. (2010). A biopsychosocial model of hypersexual disorder/sexual addiction. *Journal of Sexual Addiction and Compulsivity,* Vol. 17, p. 69-81.

Sandfort, T.G.M. (1997). Sampling male homosexuality. In J. Bancroft (Ed.), *Researching sexual behavior: Methodological issues* (261-275). Bloomington, IN: Indiana University Press.

Satinover, J. (1996). *Homosexuality and the politics of truth.* Grand Rapids, MI: Baker Book House.

Savin-Williams, R., (2005). *The New Gay Teenager.* Cambridge, Mass: Harvard University Press.

Savin-Williams, R.C., and Cohen, K.M. (2004) Homoerotic development during childhood and adolescence. *Child and Adolescent Psychiatric Clinics of North Americia* Vol. 13, p. 529–549.

Savin-Williams, R., & Diamond, L. (2000). Explaining diversity in the development of same-sex sexuality among women. *Journal of Social Issues.* Vol. 56, p. 297-313. In Yarhouse, Nowacki-Butzen & Brooks, 2009. Multiple identity considerations amongy African American Christian Men experiencing same-sex attraction. *Counseling and Values.* Vol. 54, p .17-30

Savin-Williams, R.C., & Ream, G.L., (2007). Prevalence and Stability of Sexual Orientation components during adolescence and your adulthood. Archives of Sexual Behavior. Vol. 36, p. 385-394.

Schaffer, H.R. & Emerson, P.E. (1964). The development of social attachments in infancy. *Monographs of the Society for Research in Child Development.* 29, (3 Serial No. 94). In: R. Karen (1994). *Becoming attached: First relationships and how they shape our capacity to love.* New York: Oxford University Press.

Schneider, M., Brown, L., Glassgold, J. (2002). Professional Psychology: Research and Practice American Psychological Association, Inc. 2002, Vol. 33 (3).

Schore, A. (2003). *Affect Regulation & the Repair of the Self: Volume 2.* New York: WW Norton & Company.

Schuengel, C., Bakermans-Kranenburg, M.J., & van IJzendoorn, M.H., (1999). Frightening maternal behavior linking unresolved loss and disorganized infant attachment. *Journal of Consulting and Clinical Psychology*, Vol. 67, 54-63.

Schwartz, M.F., & Master, W.H. (1984). Integration of trauma-based, cognitive, behavioral, systemic, and addiction approaches for treatment of hypersexual pair-bonding disorder. *Sexual Addiction and Compulsivity*, Vol. 1, p. 57–76.

Scroggs, R. (1983). *The New Testament and Homosexuality.* Philidelphia: Fortress Press. p.28ff. In G. Haas, Hermeneuticla issues in the use of the Bible to justify the acceptance of homosexual practice. www.phc.edu/gj_haas_hermen.php. Downloaded 01/13/2012.

Seigal, D.J. & Hartzell, M. (2003). *Parenting from the inside out.* New York, NY; Penguin Group.

Shrier, D., & Johnson, R.L. (1988). Sexual victimization of boys: An ongoing study of an adolescent medicine clinic population. *Journal of National Medical Association.* Vol. 80, p 1189-93. In: S.L. Jones and M.A. Yarhouse,. (2000). *Homosexuality: the use of Scientific research in the church's moral debate,* Downers Grove: IL: Intervarsity Press p. 57.

Shaver, P.R., & Hazen, C., (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology.* 52; 511-524.

Shumueli-Goetz, Y., Target, M., Fongay, P., & Datta, A., (2008). The child attachment interview: a psychometric study of reliability and discriminant validity. *Developmental Psychology, 44*, (4) 939-956.

Siegelman, M. (1974). Parental background of male homosexuals. *Journal of Consulting Psychology*, Vol 29, p. 558-564.

Siegelman, M. (1981). Parental background of male homosexuals and heterosexuals. *Archives of Sexual Behavior, 3*, 10; 504-515. In: Ridge, S.R., & Feeney, J.A. (1998). Relationship history and relationship attitudes in gay males and lesbians: attachment style and gender differences. *Australian and New Zealand Journal of Psychiatry, 32,* 848-859.

Sibcy, G. (2010). In personal communication.

Smith, J. A., Flowers, P., Larki, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* London: Sage Publications.

Sosin, LS. (2008). The cell keys are turning: Spiritual integration in the treatment of Christian women with anorexia nervosa. *A dissertation presented in partial fulfillment of the requirements for the degree of Doctor of Philosophy.* Liberty University. 162-164.

Spieker, S.J., Solchany, J. McKenna, M. DeKlyen, M., & Barnard, K. (2003). The Story of Mothers Who Are Difficult to Engage in Prevention Programs. J. D. Osofsky & H. E. Fitzgerald (Eds.). New York: Wiley. *WAIMH Handbook of Infant Mental Health, Parenting and Child Care, 3,*173 – 209.

Spitzer, R.L. (2001). Psychiatry & Homosexuality. *The Wall Street Journal.* (Eastern edition). New York, N.Y.: May 3, 2001. p. 26.

Sprigg, P. & Daily, T., (Eds.)(2004). *Getting it straight: What research shows bout homosexuality.* Washington, D.C.: Family Research Council.

SPSS 16.0 Brief Guide (2007). Chicago, Illinois: SPSS Inc., iii.

Sroufe, L.A. (1988). The role of infant-caregiver attachment in adult development. In J. Belsky & T. Nezworski (1998). *Clinical implications of attachment.* Hillsdale, NJ; Erlbaum.

Sroufe, L.A., (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development, 7*(4), 349-367.

Sroufe, L.A. (2010). Conceptualizing the role of early experience: Lessons from the Minnesota longitudinal study. *Developmental Review, 30* (1), 36-51.

Sroufe, L.A., Bennett, C., Englund, M., Urband, J., & Shulman, S., (1993). The significance of gender boundaries in adolescence: Contemporary correlates and the antecedents of boundary violation and maintenance. *Child Development, 64*, 455-466.

Sroufe, L.A., Coffino, B., Carlson, E.A. (2010). Conceptualizing the role of early experience: Lessons from the Minnesota longitudinal study. *Developmental Review*, VoL. 30,(1), p. 36–51.

Sroufe, L.A., Egeland, B., Carlson, E.A., & Collins, W.A. (2005). *The Development of the Person: The Minnesota Study of Risk and Adaptation from Birth to Adulthood.* New York, NY: Guilford Press.

Sroufe, L.A., Egeland, B., Carson, E., & Collins, W.A., (2005). *The development of the person.* New York: NY: Guilford Press.

Sroufe, L.A., & Waters (1977). Attachment as an organizational construct. *Child Development* 48, 1184-99. In: S. Goldberg (2000). *Attachment and Development.* London, England: Hodder Education.

Steele, H. & Steele, M. (2008). *Clinical Applications of the Adult Attachment Interview*. New York, N.Y.: Guilford Press.

Stiles, J., (2008). *The Fundamentals of Brain Development: Integrating Nature and Nurture.* Cambridge, M.A.: Harvard University Press.

Stiles, J., & Jernigan, T.R., (2010). The Basics of Brain Development. *Neuropsychology Review, 20,* 327–348.

Stoval-McClough, K., C., Cloitre, M., & McClough, J.F., (2008). Adult Attachment and Posttraumatic Stress Disorder in women with histories of childhood abuse. In: H. Steele & M. Steele (Eds.), *Clinical Applications of the Adult Attachment Interview* (pp. 320-366). New York, NY: Guilford Press.

Strachey, J. (1965). *New Introductory Lectures on Psycho-Analysis (The Standard Edition) (Complete Psychological Works of Sigmund Freud).* Vol. 22. Copyright 1933 by Sigmund Freud. Copyright renewed 1961 by W.J.H. Sprott> New York, NY.: W.W. Norton & Company.

Svanberg. P.O.G. (1998). Attachment, resilience and prevention. *Journal of Mental Health, 7* (6), 543-578.

Swaab, D.F., & Garcia-Falgueras, A., (2009). Sexual differentiation of the human brain in relation to gender identity and sexual orientation. *Functional Neurology, Netherlands Institutes for Neuroscience, Amsterdam, 24* (1), 17-28.

Telingator, C.J., & Woyewodzic, K.T., (2011). Sexual minority identity development. *Psychiatric Times.* Vol. 28, No. 12, (p. 39).

Thiesson, H.C. (1979). *Lectures in Systematic Theology: Revised Ed.* Grand Rapids, Michigan: Eerdmans Publishing (pp 83, 93).

Thompson, E.M., Morgan, E.M. (2008). "Mostly straight" young women: variations in sexual behavior and identity development. *Developmental Psychology.* Vol. 44(1), p. 15-21.

Toth, S. L., Cicchetti, D., Rogosch, F. A., & Sturge-Apple, M. (2010). Maternal depression, children's attachment security, and representational development: An organizational perspective. Child Development, 80.

Toth, S. L., Rogosch, F. A., & Cicchetti, D. (2008). Attachment-theory informed intervention and reflective functioning in depressed mothers. In H. Steele & M. Steele (Eds.) Clinical Applications of the Adult Attachment Interview, (pp. 154-172). New York: Guilford.

Turton, P., Hughes, P., Fonagy, P., & Fainman, D., (2004). An investigation into the possible overlap between PTSD and unresolved responses following stillbirth: An absence of linkage with only unresolved status predicting infant disorganization. *Attachment and Human Development.,* 5, 241-253.

Valente, S.M., (2005). Sexual abuse of boys. *Journal of Child and Adolescent Psychiatric Nursing.* Vol. 18, No. 1, (p. 10-16).

Van Den Aardweg, G. J. M., (1984). Parents of Homosexuals — Not Guilty? Interpretation of childhood psychological data. American Journal of Psychotherapy. Vol. 38(2), p. 181-89.

van den Aardweg, G. (1997). *The Battle for Normality: A Guide for (Self-) Therapy for Homosexualit*y. San Francisco, CA: Ignatius Press.

Vandenberg, D., (1997). Phenomenological research in the study of education. In D. Vandenberg (Ed.), *Phenomenology & education discourse* (pp. 3-37). Johannesburg, South Africa: Heinemann.

VanderLann, D.P., Gothreau, L.M., Bartlett, N.H., & Vasey, P.L., (2009). *Recalled separation anxiety and gender atypicality in childhood: A study of Canadian heterosexual and homosexual men and women.* Archives of sexual Behavior. Vol. 40. (1233-1240).

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, Ontario, Canada: Althouse Press.

van Manen, M. (1997). Phenomenological pedagogy and the question of meaning. In D. Vandenberg (Ed.), *Phenomenology & education discourse* (pp. 41-68). Johannesburg as found in: Groenewald, T., (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods, 1,*(3), 1, article 4. Retrieved, Mar. 2011: http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/groenewald.pdf.

van IJzendoorn, M.H. (1988). Cross-cultural patterns of attachment; A meta-analysis of the Strange Situation. *Child Development, 59,* 147-156.

van IJzendoorn, M.H. (1995). Adult attachment representations, parental responsiveness and infant attachment: A meta-analysis on the predictive ability of the Adult Attachment Interview. *Psychological Bulletin, 117*, 387-403.

IJzendoorn, M.H., (2013). *In personal communication.*

van IJzendoorn, M.H., Bakersman-Kranenburg, M.J. (2011). *Stretch until it snaps: Attachment and close relationships.* Society for Research in Child Development: *Child Development Perspectives,* Vol. 4, Number 2, (p. 108-111). *onlinelibrary.wiley.com/doi/10.1111/j.1750-8606.2010...x/pdf*

van IJzendoorn, M.H. Feldbrugge, J.T.T.M.,. Derks, F.C.H., de Ruiter, C., Verhagen, M.F.M.,. Philipse, M.W.G., van der Staak, C.P.F., Riksen-Walraven, J.M.A. (1997). Attachment representations of personality-disordered criminal offenders. *American Journal of Orthopsychiatry, 67,* 449–459.

Vaughn, B. E., Bost, K. K., & van IJzendoorn, M. H. (2008). Attachment and temperament: Additive and interactive influences on behavior, affect, and cognition during infancy and childhoold. In: Cassidy, J., & Shaver, P.R. (2008). *Handbook of attachment: Theory, research and clinical applications* (2nd Ed.), New York: Guilford.

von Bertalanffy, L. (1968). *General Systems Theory.* New York: Braziller: In Developmental Psychopathology, Theory and Method (2006). New Jersey: Wiley and Sons

Vrangalova, Z. & Savin-Williams, R.C. (2010). Correlates of same-sex sexuality in herterosexually identitified young adults. *Journal of sex Research.* Vol. 47. No. 1, p. 92-102.

Von Eckartsberg, R. (1986). *Life-word experience: Existential-phenomenological research approaches to psychology.* Washington, DC: Center for Advanced Research in Phenomenology & University Press of America. In: C. Moustakas, 1994, *Phenomenological Research Methods.* Thousand Oaks, Cal.: Sage Publications.

Warren, C.A.B., (1974). Identity and Community in the Gay World. New York: Wiley-Interscience.

Waters, E., Hamilton, C.E., & Weinfield, N.S. (2000). The Stability of Attachment Security from Infancy to Adolescence and Early Adulthood: General Introduction. *Child Development*, *71* (3), 678–683.

Weiner, B., (1985). An attribution theory of achievement, motivation and emotion. *Psychological review*. 92, 548-573. In: Haider-Markel, D.P., & Joslyn, M. (2008). Beliefs about the origins of homosexuality and support for gay rights: An empirical test of attribution theory. *American Association of Public Opinion Research.* Oxford University Press. Vol. 72, No. 2, 291-310.

Weinrich, J. & Pillard, R. (1986). Evidence of familial nature of male homosexuality. Archives of General Psychiatry. Vol. 43 p. 808-812.

Welman, J. C., & Kruger, S. J. (1999). Research methodology for the business and administrative sciences. Johannesburg, South Africa: International Thompson. In: Groenewald, T., (2004). A phenomenological research design illustrated. International Journal of Qualitative Methods, 1,(3), 1, article 4. Retrieved, Mar. 2011: http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/groenewald.pdf

Williams, D., (ed.)(1989). *New Concise Bible Dictionary.* Downer`s Grove, Illinois, Intervarsity Press. (p. 86).

Wilson, H.W., & Widom, C. (2009). Does physical abuse, sexual abuse, or neglect in childhood increase the likelihood of same-sex sexual relationships and cohabitation? A retrospective 30-year follow-up. *Archives of Sexual Behavior*.

Wilkins (2012). www.crossministry.org

Wilden, A., (1980). *System and structure.* Londong: Tavistock. In: Cohen, (2006) *Developmental Psychopathology, Theory and Method*, (2006); 2nd Edition. New Jersey: Wiley & Sons. (p. 13).

Whitam F.L. (1981). A reply to Goode on "The Homosexual Role." The Journal of Sex Research Vol. 17, (1).

Whitehead, N., & Whitehead, B., (1999). *My Genes Made Me Do It!* Lafayette, LA: Huntington House Publishers.

Whitehead, N.E., (2011). Sociological studies show social factors produce same sex attraction. *Journal of Human Sexuality.* Vol. 3, p 116-133.

Yarhouse, M. A. (1998). When clients seek treatment for same-sex attraction: Ethical issues in the "right to choose" debate. Psychotherapy, Vol. 35 p. 248-259.

Yarhouse, M.A. (2010). *Homosexuality and the Christian.* Minneapolis, Minnesota: Bethany House.

Yarhouse, M.A. & Burkett, L.A. (2002). An inclusive response to LBG and conservative religious Persons: The case of same-sex attraction and behavior. *Professional Psychology: Research and Practice:* Vol. 33; No. 3, 235-241.

Yarhouse, M.A., Nowacki-Butzen, S., & Brooks, D.S. (2009). Multiple identity considerations among African American Christian men experiencing same-sex attraction. *Journal of Counseling and Values.* Vol. 54, Issue 1, p. 17–31

Yarhouse, M.A. & Tan, E.S.N., (2004). *Sexual Identity Synthesis*. New York: University Press.

Zerrilli, J. (2010). Christians, Homosexuality, and the Same-Sex Marriage Question. The Humanist. (29)

APPENDIX A

Informed Consent

CONSENT FORM

An Exploration of the effect of Early Attachment Style on Same-Sex Attraction: Using the Adult Attachment Interview and Opened Ended Questions regarding Same-Sex Attraction

Ann E. Gillies, M.A., RMFT

Liberty University

Department of Counseling

You are invited to participate in a research study of 'An Exploration of the Effect of Early Attachment Style on Same Sex Attraction'. Your participation will require the completion of initial questionnaires which will be mailed to you. Following their return, you will be contacted for an interview which will focus on early childhood experiences and same-sex attraction.

With your permission this two hour interview will be audio taped and later transcribed, for the purpose of capturing and maintaining an accurate record of the discussion. Your name will not be used. In all the data collected, you will be referred to by way of a pseudonym.

The study will be conducted by the researcher, Ann E. Gillies, a doctoral candidate at Liberty University.

Background Information

The purpose of this study is to explore and further the research knowledge based on the early childhood attachment and same-sex attraction. More specifically, the study seeks to investigate how the effect of early childhood attachment categories might affect the development of sexual expression.

Procedures

If you agree to participate in this study, you will be sent:

1. Demographic Information Questionnaire
2. The Sexual Orientation Questionnaire
3. The Christian Orthodoxy Scale
4. The Apostle's Creed,
5. Childhood Sexual Abuse & Suicidal Behavior

These are short questionnaires required to ascertain suitable participation for this study. You will also be asked to participate in an interview lasting no longer than two hours. This interview, conducted by a counseling intern, will be audio taped and transcribed into a verbatim written format, typed by a counseling student. The subsequent transcript will be filed under a coded number, rather than a name. I will be available for follow-up questions, if needed. If you would wish a copy of the transcript, I would be happy to email one to you.

Risks & Benefits of the Study

The risks of participation in this study may include initial discomfort in reviewing and sharing parts of your history, which may cause you to feel awkward or emotionally 'exposed'. The interviewer will attempt to minimize those risks by making you as comfortable as possible and by the confidentiality practices listed below.
All interviews are of a voluntary nature, and the participant may withdraw from this study at any time without consequence. The benefits of participating include knowing that sharing your story may help others, furthering the knowledge base for researchers and clinicians.

Confidentially

The records of this study will be kept private. Under no circumstances will you be identified by name in the course of the dissertation report, or any subsequent journal publications or presentations. All transcribed and recorded data will be coded in such a way that your identity is protected. The audio-taped data will be erased after transcript coding is completed, and all transcribed data and notes will be destroyed within seven years of the study's completion.
Any email correspondence will be confidential to the degree the technology allows.

Questions

The participant agrees that any questions related to this study have been satisfactorily answered. If the participant has additional questions regarding this study, he may contact Ann Gillies by telephone at 519-923-3315 or by email at aegillies2@liberty.edu. The participant also understands that should he have further questions regarding rights as a participant, he are encouraged to contact the Human Subject Office, 1971 University Blvd., Suite 2400, Lynchburg, VA 24502, or email irb@liberty.edu. The participant will receive a copy of this information to keep for his records.

Statement of Consent:

I have read the above information; I have asked questions and received answers. I consent to participate in this study. My signature means that I agree to participate in this study.

Signature: _____ Date:_____

Name: (please print) _____

Signature of Investigator: _____ Date:_____

APPENDIX B

Thank you for agreeing to participate in this study. Please complete the following survey and return with the Demographic Data Sheet, Sexual Orientation Questionnaire and the Apostle's Creed in the attached self-addressed and stamped envelope. All information collected is strictly confidential and will only be used for research purposes.

Demographic Data Sheet

Name: _____ Age: _____

Current address: _____

Where did you grow up: _____

Circle one: rural city

Father's highest level of education _____ Father's occupation _____

Mother's highest level of education _____ Mother's occupation _____

Socioeconomic Status (SES) **during childhood** (family's economic and social position in relation to others, based on income, education, and occupation).

Circle one: High SES Middle SES Low SES

Your current level of **completed** formal education

Circle one: Completed Highschool Postsecondary Graduate School

If postsecondary/graduate please name degree and title: _____

Degree of spirituality (circle one): Strong (S) Medium (M) Weak (W)

Religious affiliation/denomination:_____

Ethnicity:

1. White/Caucasian
2. Black
3. Hispanic/Latino
4. Asian/Pacific Islander
5. Native American
6. Other

Sexual Orientation

Please circle the one that applies

1. Have you ever felt a desire for someone of your own sex? **Yes No**

2. Do you currently struggle with Same-sex desires? **Yes No**

3. Have you ever been intimate with someone of your own sex, which resulted in sexual arousal? **Yes No**

4. Have you ever had a relationship with someone of your own sex which resulted in sexual orgasm? **Yes No**

5. How do you currently consider your sexual attractions:

a. I consider myself as someone who feels sexually attracted to both men and women.

b. I consider myself as someone who feels sexually primarily attracted to my own sex (same Sex attracted).

c. I consider myself as someone who feels sexually attracted to males only.

6. "Have you ever sought counseling or therapy for unwanted same-sex attraction?"

Yes No

7. Using the 4 point scale below, how helpful was this therapy?

1) destructive 2) not at all helpful 3) fairly helpful 4) very helpful.

APPENDIX C

Apostle's Creed

I believe in God, the Father Almighty, the Creator of heaven and earth,
and in Jesus Christ, His only Son, our Lord:
Who was conceived of the Holy Spirit, born of the Virgin Mary,
suffered under Pontius Pilate, was crucified, died, and was buried. He descended into hell.

The third day He arose again from the dead.
He ascended into heaven and sits at the right hand of God the Father Almighty,
whence He shall come to judge the living and the dead.

I believe in the Holy Spirit, the holy catholic church,
the communion of saints, the forgiveness of sins,
the resurrection of the body, and life everlasting.

Amen.

I agree with this creed:

_____ _____

Name: (please print) ***Signature***

Date: _____

APPENDIX D

INTERVIEW PROTOCOL

Project Title: *An Exploration of Early Childhood Attachment History in Christian Same-Sex Attraction Men.*

Ann Gillies, Principle Investigator
Liberty University

1. Potential participants will be contact by telephone as asked to respond to the Demographic Questionnaire as a method of screening,

2. An interview time will be arranged for those meeting the requirements of the study.

   Prior to the interview:
   - Consent form signed and returned
   - Answer participant questions regarding the study

3. Conduct an Adult Attachment Interview

4. Conduct a Phenomenological interview.

5. Provide participant with a list of Christian counselors specializing in same-sex attraction issues, if requested.

APPENDIX E

IN-DEPTH INTERVIEW

1. Considering your inclination toward same-sex attraction, can you describe your early childhood relationship with your parents?

2. Along those same lines, can you share what peer relationships may have been like in those early years?

3. How did close relationships in your early childhood influence your Christian walk?

4. How did close relationships in your early childhood influence same-sex attraction?

5. Do you think your faith has influenced your same-sex attraction?

APPENDIX F

This material is not a substitute for training in AAI administration procedure. It is provided because it is important for consumers of AAI research to have easy access to the interview questions. Without them, it is difficult to evaluate published research. Seeing the full interview protocol can also help consumers of AAI based research appreciate the level of interview information and detail underlying AAI scores. It can also help them make important decisions about the adequacy of procedures in various reports they may encounter.

The authors of the AAI make the scoring manual available only in conjunction with their training courses. Researchers interested in understanding more about the logic of scoring the AAI can however see the scoring manual for Crowell &Owens' Current Relationship Interview (CRI) which is available in full on this site. The logic and procedures for scoring the CRI closely parallel those for the AAI. The primary difference is that the AAI focuses on relationships to parents and the CRI on relationships to adult attachment figures. At present this is the only detailed source of insights into the criteria for scoring the AAI available to those who do not take the training course. Do not reproduce this material without permission of the author.

ADULT ATTACHMENT INTERVIEW PROTOCOL

Mary B. Main

Introduction

I'm going to be interviewing you about your childhood experiences, and how those experiences may have affected your adult personality. So, I'd like to ask you about your early relationship with your family, and what you think about the way it might have affected you. We'll focus mainly on your childhood, but later we'll get on to your adolescence and then to what's going on right now. This interview often takes about an hour, but it could be anywhere between 45 minutes and an hour and a half.

1. Could you start by helping me get oriented to your early family situation, and where you lived and so on?

If you could tell me where you were born, whether you moved around much, what your family did at various times for a living?

This question is used for orientation to the family constellation, and for warm-up purposes. The research participant must not be allowed to begin discussing the quality of relationships here, so

the "atmosphere" set by the interviewer is that a brief list of "who, when" is being sought, and *no more than two or three minutes* at most should be used for this question. The atmosphere is one of briefly collecting demographics.

In the case of participants raised by several persons, and not necessarily raised by the biological or adoptive parents (frequent in high-risk samples), the opening question above may be *"Who would you say raised you?':* The interviewer will use this to help determine who should be considered the primary attachment figure (s) on whom the interview will focus.

Did you see much of your grandparents when you were little?

If participant indicates that grandparents died during his or her own lifetime, ask the participant's age at the time of each loss. If there were grandparents whom she or he never met, ask whether this (these) grandparents) had died before she was born. If yes, continue as follows:

Your mother's father died before you were born? How old was she at the time, do you know?

In a casual and spontaneous manner, inviting only a very brief reply, the

interviewer then asks,

Did she tell you much about this grandfather?

Did you have brothers and sisters living in the house, or anybody besides your parents? Are they living nearby now or do they live elsewhere?

2. I'd like you to try to describe your relationship with your parents as a young child if you could start from as far back as you can remember?

Encourage participants to try to begin by remembering very early. Many say they cannot remember early childhood, but you should shape the questions such that they focus at first around age five or earlier, and gently remind the research participant from time to time that if possible, you would like her to think back to this age period.

Admittedly, this is leaping right into it, and the participant may stumble. If necessary, indicate in some way that experiencing some difficulty in initially attempting to respond to this question is natural, but indicate by some silence that you would nonetheless like the participant to attempt a general description.

3. Now I'd like to ask you to choose five adjectives or words that reflect your relationship with your mother starting from as far back as you can remember in early childhood--as early as you can go, but say, age 5to 12 is fine. I know this may take a bit of time, so go ahead and think for a minute...then I'd like to ask you why you chose them. I'll write each one down as you give them to me.

Not all participants will be able to think of five adjectives right away. Be sure to make the word *relationship* clear enough to be heard in this sentence. Some participants do use "relationship" adjectives to describe the parent, but some just describe the parent herself --e.g., "pretty"...

"efficient manager"--as though they had only been asked to "pick adjectives to describe your mother". These individual differences are of interest only if the participant has heard the phrase, "that reflect your childhood *relationship"* with your mother. The word should be spoken clearly, but with only slight stress or emphasis.

Some participants will not know what you mean by the term *adjectives,* which is why we phrase the question as "adjectives or words". If the participant has further questions, you can explain, "just words or phrases that would describe or tell me about your relationship with your (mother) during childhood".

The probes provided below are intended to follow the entire set of adjectives, and the interviewer must not begin to probe until the full set of adjectives has been given. Be patient in waiting for the participant to arrive at five adjectives, and be encouraging. This task has proven very helpful both in starting an interview, and in later interview analysis. It helps some participants to continue to focus upon the relationship when otherwise they would not be able to come up with spontaneous comments.

If for some reason a subject does not understand what a memory is, you might suggest they think of it like an image they have in their mind similar to a videotape of something which happened when they were young.

Make certain that the subject really does not understand the question first, however. The great majority who may seem not to understand it are simply unable to provide a memory or incident. The participant's ability (or inability) to provide both an overview of the relationship and specific memories supporting that overview forms one of the most critical bases of interview analysis. For this reason it is important for the interviewer to press enough in the effort to obtain the five "overview" adjectives that if a full set is not provided, she or he is reasonably certain that they truly cannot be given.

The interviewer's manner should indicate that waiting as long as a minute is not unusual, and that trying to come up with these words can be difficult. Often, participants indicate by their non-verbal behavior that they are actively thinking through or refining their choices. In this case an interested silence is warranted. Don't, however, repeatedly leave the participant in embarrassing silences for very long periods. Some research participants may tell you that this is a hard job, and you can readily acknowledge this. If the participant has extreme difficulty coming up with more than one or two words or adjectives, after a period of two to three minutes of supported attempts ("Mm... I know it can be hard ...this is a pretty tough question... Just take a little more time"), then say something like "Well, that's fine. Thank you, we'll just go with the ones you've already given me." The interviewer's tone here should make it clear that the participant's response is perfectly acceptable and not uncommon.

4. Okay, now let me go through some more questions about your description of your childhood relationship with your mother. You say your relationships with her was (you used the phrase) Are there any memories or incidents that come to mind with respect to (word)

The same questions will be asked *separately* for *each* adjective in series. Having gone through the probes which follow upon this question (below), the interviewer moves on to seek illustration for each of the succeeding adjectives in turn:

You described your childhood relationship with your mother as (or, `your second adjective was", or "the second word you used was"). Can you think of a memory or an incident that would illustrate why you chose to describe the relationship?

The interviewer continues, as naturally as possible, through each phrase or adjective chosen by the participant, until all five adjectives or phrases are covered. A specific supportive memory or expansion and illustration is requested for each of the adjectives, separately. In terms of time to answer, this is usually the longest question.

Obviously, some adjectives chosen may be almost identical, e.g., "loving ... caring". Nonetheless, if they have been given to you as separate descriptors, you must treat each separately, and ask for memories for each. While participants sometimes readily provide a well-elaborated incident for a particular word they have chosen, at other times they may fall silent; or "illustrate" one adjective with another ("loving ...um, because she was generous"); or describe what usually happened--i.e., offer a "scripted" memory--rather than describing specific incidents. There are a set series of responses available for these contingencies, and it is vital to memorize them.

If the participant is silent, the interviewer waits an appropriate length of time. If the participant indicates nonverbally that she or he is actively thinking , remembering or simply attempting to come up with a particularly telling illustration, the interviewer maintains an interested silence. If the silence continues -and seems to indicate that the participant is feeling stumped, the interviewer says something like, "well, just take another minute and see if anything comes to mind". If following another waiting period the participant still cannot respond to the question, treat this in a casual, matter of fact manner and say "well, that's fine, let's take the next one, then".

Most participants do come up with a response eventually, however, and the nature of the response then determines which of the follow-up probes are utilize If the participant re-defines an affective with a second adjective as, "Loving ---she was generous", the interviewer probes by repeating the original adjective (loving) rather than permitting the participant to lead them to use the second one (generous). In other words, the interviewer in this case will say, "Well, can you think of a specific memory that would illustrate how your relationship was loving?" The interviewer should be careful, however, not to be too explicit in their intention to lead the participant back to their original word usage. If the speaker continues to discuss "generous" after having been probed about loving once more, this violation of the discourse task is meaningful and must be allowed. As above, the nature of the participant's response determines which follow-up probes are utilized.

If a specific and well-elaborated incident is given, the participant has responded satisfactorily to the task, and the interviewer should indicate that she or he understands that. However, the interviewer should briefly show continuing interest by asking whether the participant can think of a second incident.

If one specific but poorly elaborated incident is given, the interviewer probes for a second. Again, the interviewer does this in a manner emphasizing his or her own interest.
If as a first response the participant gives a "scripted" or "general" memory, as "Loving. She always took us to the park and on picnics. She was really good on holidays" or "Loving. He

taught me to ride a bike"--the interviewer says, "Well, that's a good general description, but I'm wondering if there was a particular time that happened, that made you think about it as loving?"

If the participant does now offer a specific memory, briefly seek a second memory, as above. If another scripted memory is offered instead, or if the participant responds "I just think that was a loving thing to do", the interviewer should be accepting, and go on to the next adjective. Here as elsewhere the interviewer's behavior indicates that the participant's response is satisfactory.

5. Now I'd like to ask you to choose five adjectives or words that reflect your childhood relationship with your father, again starting from as far back as you can remember in early childhood--as early as you can go, but again say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think again for a minute...then I'd like to ask you why you chose them. I'll write each one down as you give them to me.

(Interviewer repeats with probes as above).

6. Now I wonder if you could tell me, to which parent did you feel the closest, and why? Why isn't there this feeling with the other parent?

By the time you are through with the above set of questions, the answer to this one may be obvious, and you may want to remark on that ***("You've already discussed this*** a bit, but I'd like to ask about it briefly anyway..."). Furthermore, while the answer to this question may indeed be obvious for many participants, some--particularly those who describe both parents as loving--may be able to use it to reflect further on the difference in these two relationships.

7. When you were upset as a child, what would you do?

This is a critical question in the interview, and variations in the interpretation of this question are important. Consequently, the participant is first encouraged to think up her own interpretations of "upset", with the interviewer pausing quietly to indicate that the question is completed, and that an answer is requested. Once the participant has completed her own interpretation of the question, giving a first answer, begin on the following probes. Be sure to get expansions of every answer. If the participant states, for example, "I withdrew", probe to understand what this research participant means by "withdrew". For example, you might say, "And what would you do when you withdrew?"

The interviewer now goes on to ask the specific follow-up questions below. These questions may appear similar, but they vary in critical ways, so the interviewer must make sure that the participant thinks through each question separately. This is done by placing vocal stress on the changing contexts (as we have indicated by underlining).

-----When you were Upset emotionally when you were little, what would you do?

(Wait for participant's reply).

Can you think of a specific time that happened?

Can you remember what would happen when you were hurt. physically?

(Wait for participant's reply).

Again, do any specific incidents (or, do any other incidents) come to mind?

Were you ever ill when you were little? (Wait for participant's reply). Do ***you remember what would happen?***

When the participant describes going to a parent, see first what details they can give you spontaneously. Try to get a sense of how the parent or parents responded, and then when and if it seems appropriate you can briefly ask one or two clarifying questions.

Be sure to get expansions of every answer. Again, if the participant says "I withdrew", for example, probe to see what the participant means by this, i.e., what exactly she or he did, or how exactly they felt, and if they can elaborate on the topic. If the participant has not spontaneously mentioned being held by the parent in response to any of the above questions, the interviewer can ask casually at the conclusion to the series:

"I was just wondering, do you remember being held by either of your parents at any of these times--I mean, when you were upset, or hurt, or ill?"

What is the first time you remember being separated from your parents?

How did you respond? Do you remember how your parents responded?

Are there any other separations that stand out in your mind?

Here research participants often describe first going off to nursery school, or to primary school, or going camping. In this context, participants sometimes spontaneously compare their own responses to those of other children. This provides important information regarding the participant's own overall attitude towards attachment, so be careful not to cut any such descriptions or comparisons short.

8. Did you ever feel rejected as a young child? Of course, looking back on it now, you may realize it wasn't really rejection, but what I'm trying to ask about here is whether you remember ever having rejected in childhood

How old were you when you first felt this way, and what did you do?

Why do you think your parent did those things--do you think he/she realized he/she was rejecting you?

Interviewer may want to add a probe by refraining the question here, especially if no examples are forthcoming. The probe we suggest here is,

Did you ever feel pushed away or ignored?"

Many participants tend to avoid this in terms of a positive answer.

So, were you ever frightened or worried as a child?

Let the research participant respond "freely" to this question, defining the meaning for themselves. They may ask you what the question means, and if so, simply respond by saying "It's just a more general question". Do not probe heavily here. If the research participant has had

traumatic experiences which they elect not to describe, or which they have difficulty remembering or thinking about, you should not insist upon hearing about them. They will have a second, brief opportunity to discuss such topics later.

9. Were your parents ever threatening with you in any way - maybe for discipline, or even jokingly?

Some people have told us for example that their parents would threaten to leave them or send them away from home.

(Note to researchers). In particular communities, some specific kind of punishment not generally considered fully abusive is common, such as "the silent treatment", or "shaming", etc. One question regarding this one selected specific form of punishment can be inserted here, as for example,

'Some people have told us that their parents would use the silent treatment---did this ever happen with your parents?

The question should then be treated exactly as threatening to send away from home, i.e., the participant is free to answer and expand on the topic if she or he wishes, but there are no specific probes. The researcher should not ask about more than one such specific (community) form of punishment, since queries regarding more than one common type will lead the topic away from its more general intent (below).

Some people have memories* of *threats or* of *some kind* of *behavior that was abusive.

-----Did anything like this ever happen to you, or in your family?

-----How old were you at the time? Did it happen frequently?

-----Do you feel this experience affects you now as an adult?

-----Does it influence your approach to your own child?

-----Did you have any such experiences involving people outside your family?

If the participant indicates that something like this did happen outside the family, take the participant through the same probes

(age? frequency? affects you now as an adult? Influences your approach to your own child?).

Be careful with this question, however, as it is clinically sensitive, and by now you may have been asking the participant difficult questions for an extended period of time.

Many participants simply answer "no" to these questions. Some, however, describe abuse and may some suffer distress in the memory. When the participant is willing to discuss experiences of this kind, the interviewer must be ready to maintain a respectful silence, or to offer active sympathy, or to do whatever may be required to recognize and insofar as possible to help alleviate the distress arising with such memories.

If the interviewer suspects that abuse or other traumatic experiences occurred, it is important to attempt to ascertain the specific details of these events insofar as possible. In the coding and classification system which accompanies this interview, *distressing experiences cannot be scored for Unresolved /disorganized responses unless the researcher is able to establish that abuse (as opposed to just heavy spanking, or light hitting with a spoon that was not frightening) occurred.*

Where the nature of a potentially physically abusive (belting, whipping, or hitting) experience is ambiguous, then, the interviewer should try to establish the nature of the experience in a light, matter-of-fact manner, without excessive prodding. If, for example, the participant says "I got the belt" and stops, the interviewer asks,

"And what did getting the belt mean?".

After encouraging as much spontaneous expansion as possible, the interviewer may still need to ask, again in a matter-of-fact tone, how the participant responded or felt at the time. "Getting the belt" *in itself will* not qualify as abuse within the adult attachment scoring and classification systems, since in some households and communities this is a common, systematically but not harshly imposed experience. Being belted heavily enough to overwhelmingly frighten the child for her physical welfare at the time, being belted heavily enough to cause lingering pain, and/or being belted heavily enough to leave welts or bruises will qualify.

In the case of sexual abuse as opposed to battering, the interviewer will seldom need to press for details, and should be very careful to follow the participant's lead. Whereas on most occasions in which a participant describes themselves as sexually abused the interviewer and transcript judge will have little need to probe further, occasionally a remark is ambiguous enough to require at least mild elaboration. If, for example, the participant states `and I just thought he could be pretty sexually abusive', the interviewer will ideally follow-up with a query such as,

` well, could you tell me a little about what was happening to make you see him as sexually abusive?'.

Should the participant reply that the parent repeatedly told off-color jokes in her company, or made untoward remarks about her attractiveness, the parent's behavior, though insensitive, will not qualify as sexually abusive within the accompanying coding system. Before seeking elaboration of any kind, however, the interviewer should endeavor to determine whether the participant seems comfortable in discussing the incident or incidents.

All querying regarding abuse incidents must be conducted in a matter-of-fact, professional manner. The interviewer must use good judgment in deciding whether to bring querying to a close if the participant is becoming uncomfortable. At the same time, the interviewer *must not avoid the topic or give the participant the impression that discussion of such experiences is unusual.*

Interviewers sometimes involuntarily close the topic of abuse experiences and their effects, in part as a well-intentioned and protective response towards participants who in point of fact would have found the discussion welcome.

Participants who seem to be either thinking about or revealing abuse experiences for the first time-- "No, nothing ....no... well, 1, I haven't thought, remembered this for, oh, years, but ...maybe they used to... tie me...."-- must be handled with special care, and should *not* be probed unless they clearly and actively seem to want to discuss the topic. If you sense that the participant has told you things they have not previously discussed or remembered, special care must be taken at the end of the interview to ensure that the participant does not still suffer distress, and feels able to contact the interviewer or project director should feelings of distress arise in the future.

In such cases the participant's welfare must be placed above that of the researcher. While matter-of-fact, professional and tactful handling of abuse-related questions usually makes it possible to obtain sufficient information for scoring, the interviewer must be alert to indications of marked distress, and ready to tactfully abandon this line of questioning where necessary. Where the complete sequence of probes must be abandoned, the interviewer should move gracefully and smoothly to the next question, as though the participant had in fact answered fully.

10. In general, how do you think your overall experiences with your parents have affected your adult personality?

The interviewer should pause to indicate she or he expects the participant to be thoughtful regarding this question, and is aware that answering may require some time.

Are there any aspects to your early experiences that you feel were a set-back in your development?

In some cases, the participant will already have discussed this question. Indicate, as usual, that you would just like some verbal response again anyway, "for the record". It is quite important to know whether or not a participant sees their experiences as having had a negative effect on them, so the interviewer will follow-up with one of the two probes provided directly below. The interviewer must stay alert to the participant's exact response to the question, since the phrasing of the probe differs according to the participant's original response.

If the participant has named one or two setbacks, the follow-up probe used is:

---Are there any other aspects of your early experiences, that you think might have held your development back, or had a negative effect on the way you turned out?

If the participant has understood the question, but has not considered anything about early experiences a setback, the follow-up probe used is:

---Is there anything about your early experiences that you think might have held your development back, or had a negative effect on the way you turned out?

Although the word ***anything*** receives some vocal stress, the interviewer must be careful not to seem to be expressing impatience with the participant's previous answer. The stress simply implies that the participant is being given another chance to think of something else she or he might have forgotten a moment ago.

RE: PARTICIPANTS WHO DON'T SEEM TO UNDERSTAND THE TERM, SETBACK.

A few participants aren't familiar with the term, ***set-back.*** If after a considerable wait for the participant to reflect, the participant seems simply puzzled by the question, the interviewer says,

"Well, not everybody uses terms like set-back for what I mean here. I mean, was there anything about your early experiences, or any parts* of *your early experiences, that you think might have held your development back, or had a negative effect on the way you turned out?"

In this case, this becomes the main question, and the probe becomes

Is there anything else about your early experiences that you think might have held your development back, or had a negative effect on the way you turned out?

11. Why do you think your parents behaved as they did during your childhood?

This question is relevant even if the participant feels childhood experiences were entirely positive. For participants reporting negative experiences, this question is particularly important.

12. Were there any other adults with whom you were close, like parents, as a child?Or any other adults who were especially important to you, even though not parental?

Give the participant time to reflect on this question. This is the point at which some participants will mention housekeepers, au pairs, or nannies, and some will mention other family members, teachers, or neighbors. Be sure to find out ages at which these persons were close with the participant, whether they had lived with the family, and whether they had had any caregiving responsibilities. In general, attempt to determine the significance and nature of the relationship.

13. Did you experience the loss of a parent or other close loved one while you were a young child--for example, a sibling, or a close family member?

(A few participants understand the term "loss" to cover brief or long-term separations from living persons, as, "I lost my mom when she moved South to stay with her mother". If necessary, **clarify that you are referring to death only**, i.e. specifically to loved ones who had died).

Could you tell me about the circumstances, and how old you were at the time?

How did you respond at the time?

Was this death sudden or was it expected?

Can you recall your feelings at that time?

Have your feelings regarding this death changed much over time?

If not volunteered earlier:

Did you attend the funeral, and what was this like for you? If loss of a parent or *sibling.* ***What would you say was the effect on your (other parent) and on your household, and how did this change over the years?***

Would you say this loss has had an effect on your adult personality?

Were relevant ***How does it affect your approach to your own child?***

13a. Did you lose any other important persons during your childhood?

(Same queries--again, this refers to people who have died rather than separation experiences).

13b. Have you lost other close persons, in adult years? (Same queries).

Be sure that the response to these questions covers loss of any siblings, whether older or younger, loss of grandparents, and loss of any person who seemed a "substitute parent" or who lived with the family for a time. Some individuals will have been deeply affected by the loss. Probe any loss which seems important to the participant, including loss of friends, distant relatives, and neighbors or neighbor's children.

Rarely, the research participant will seem distressed by the death of someone who they did not personally know (often, a person in the family, but sometimes someone as removed as the friend of a friend).

If a participant brings up the suicide of a friend of a friend and seems distressed by it, the loss ***should be fully*** probed. The interviewer should be aware, then, that speakers may be assigned to the unresolved/disorganized adult attachment classification as readily for lapses in monitoring occurring during the discussion of the death of a neighbor's child *experienced during the adult* years as for loss of a parent in childhood.

Interviewing research participants regarding loss obviously requires good clinical judgment. At maximum, only four to five losses are usually fully probed. In the case of older research participants or those with traumatic histories, there may be many losses, and the interviewer will have to decide on the spot which losses to probe. No hard and fast rules can be laid out for determining which losses to skip, and the interviewer must to the best of his or her ability determine which losses--if there are many--are in fact of personal significance to the participant. Roughly, in the case of a participant who has lost both parents, spouse, and many other friends and relatives by the time of the interview, the interviewer might elect to probe the loss of the parents, the spouse, and "any other loss which you feel may have been especially important to you". If, however, these queries seem to be becoming wearying or distressing for the participant, the interviewer should acknowledge the excessive length of the querying, and offer to cut it short.

14. Other than any difficult experiences you've already described, have you had any other experiences which you should regard as potentially traumatic?

Let the participant free-associate to this question, then clarify if necessary with a phrase such as,

I mean, any experience which was overwhelmingly and immediately terrifying.

This question is a recent addition to the interview. It permits participants to bring up experiences which may otherwise be missed, such as scenes of violence which they have observed, war experiences, violent separation, or rape.

Some researchers may elect not to use this question, since it is new to the 1996 protocol. If you do elect to use it, it must of course be used with all subjects in a given study. The advantage of adding this question is that it may reveal lapses in reasoning or discourse specific to traumatic experiences other than loss or abuse.

Be very careful, however, not to permit this question to open up the interview to all stressful, sad, lonely or upsetting experiences which may have occurred in the subject's lifetime, or the purpose of the interview and of the question may be diverted. It will help if your tone indicates that these are rare experiences.

Follow up on such experiences with probes only where the participant seems at relative ease in discussing the event, and/or seems clearly to have discussed and thought about it before. Answers to this question will be varied. Consequently, exact follow-up probes cannot be given in advance, although the probes succeeding the abuse and loss questions may serve as a partial guide. In general, the same cautions should be taken with respect to this question as with respect to queries regarding frightening or worrisome incidents in childhood, and experiences of physical or sexual abuse. Many researchers may elect to treat this question lightly, since the interview is coming to a close and it is not desirable to leave the participant reviewing too many difficult experiences just prior to leave taking.

15. Now 1'd like to ask you a few more questions about your relationship with your parents. Were there many changes in your relationship with your parents (or remaining parent) after childhood? We'll get to the present in a moment, but right now 1 mean changes occurring roughly between your childhood and your adulthood?

Here we are in part trying to find out, *indirectly* (1) whether there has been a period of rebellion from the parents, and (2) also indirectly, whether the participant may have rethought early unfortunate relationships and "forgiven" the parents. Do not ask anything about forgiveness directly, however--this will need to come up spontaneously. This question also gives the participant the chance to describe any changes in the parent's behavior, favorable or unfavorable, which occurred at that time.

16. Now I'd like to ask you, what is your relationship with your parents (or remaining parent) like for you now as an adult? Here I am asking about your current relationship.

Do you have much contact with your parents at present?

What would you say the relationship with your parents is like currently?

Could you tell me about any (or any other) sources of dissatisfaction in your current relationship with your parents? any special (or any other) sources of special satisfaction?

This has become a critical question within the Adult Attachment Interview, since a few participants who had taken a positive stance towards their parents earlier suddenly take a negative stance when asked to describe current relationships. As always, the interviewer should express a genuine interest in the participant's response to this question, with sufficient pause to indicate that a reflective response is welcome.

17. I'd like to move now to a different sort of question--it's not about your relationship with your parents, instead it's about an aspect of your current relationship with (specific child of special interest to the researcher, or all the participant's children considered together). How do you respond now, in terms* of *feelings, when you separate from your child / children*?***

(For adolescents or individuals without children, see below).

Ask this question exactly as it is, without elaboration, and be sure to give the participant enough time to respond. Participants may respond in terms of leaving child at school, leaving child for vacations, etc., and this is encouraged. What we want here are the participant's feelings about the separation. This question has been very helpful in interview analysis, for two reasons. In some cases it highlights a kind of role-reversal between parents and child, i.e., the participant may in fact respond as though it were the child who was leaving the parent alone, as though the parent was the child. In other cases, the research participant may speak of a fear of loss of the child, or a fear of death in general. When you are certain you have given enough time (or repeated or clarified the question enough) for the participant's naturally-occurring response, then (and only then) add the following probe:

Do you ever feel worried about (child)?

For individuals without children, you will pose this question as a hypothetical one, and continue through the remaining questions in the same manner. For example, you can say, now

I'd ***like you to imagine that you have a one-year-old child, and I wonder how you think you might respond, in terms of feelings, if you had to separate from this child?" Do you think you would ever feel worried about this child?".***

18. If you had three wishes for your child twenty years from now, what would they be? I'm thinking partly of the kind* of *future you would like to see for your child I'll give you a minute or two to think about this one.

This question is primarily intended to help the participant begin to look to the future, and to lift any negative mood which previous questions may have imposed. For individuals without children, you again pose this question in hypothetical terms. For example, you can say,

"Now I'd like you to continue to imagine that you have a one-year-old child for just another minute. This time, I'd like to ask, if you had three wishes for your child twenty years from now, what would they be? I'm thinking partly of the kind of future you would like to see for your imagined child I'll give you a minute or two to think about this one"

19. Is there any particular thing which you feel you learned above all from your own childhood experiences?

I'm thinking here of something you feel you might have gained from the kind of childhood you had.

Give the participant plenty of time to respond to this question. Like the previous and succeeding questions, it is intended to help integrate whatever untoward events or feelings he or she has

experienced or remembered within this interview, and to bring the interview down to a light close.

20. We've been focusing a lot on the past in this interview, but I'd like to end up looking quite a ways into the future. We've just talked about what you think you may have learned from your own childhood experiences.

1'd like to end by asking you what would you hope your child (or, your imagined child) might have learned from his/her experiences of being parented by you?

The interviewer now begins helping the participant to turn his or her attention to other topics and tasks. Participants are given a contact number for the interviewer and/or project director, and encouraged to feel free to call if they have any questions.

APPENDIX G

AAI Analysis Matrix

The purpose of this study is to describe the attachment histories of Christian men experiencing same-sex attraction and who are currently attending (or have previously attended) counseling for same-sexual attraction difficulties.

PARTICIPANT		Research Questions			
		1	2	3	4
	AAI Interview Questions	What are differences if any in states of mind with respect to attachment in a sample of Christian men who are seeking treatment for same-sex attraction?	How do Christian men experiencing SSA describe their attachment?	How do participants understand the impact of their early relationships on faith and same-sex attraction?	How do participants compare and contrast?
1	Could you start by helping me get oriented to your early family situation, where you lived, where you were born, if you moved around a lot, what your family did for a living. Siblings? Were your grandparents a part of your life?				
2	Could you describe your relationship with your parents as a young child, starting as far back as you remember?				
3	I'd like you to choose 5 adjectives that reflect your relationship with your mother starting as far back as you can remember and you can go to age 14. respect nurturing really cozy structured functional				
3a	Can you think of a memory to support _____(word)? Fun loving Golden Child Enmeshed Unhealthy Co-dependant Angry				
4	I'd like you to choose 5 adjectives to reflect your relationship with your father between the ages of 5 and 14. Detached Emotionally absent Grumpy Negative Passive				
3a	Were there any memories that come to mind with respect to _____? Detached Emotionally absent Grumpy Negative Passive Angry (added)				
5	What parent did you feel closest to and why? Why isn't there this feeling with the other parent? Mother Father				
6	When you were upset as a child, what would you do? Upset emotionally? Specific time? Hurt physically? Specific incidents? Were you ever ill when you were little? What would happen?				
7	What is the first time you remember being seperated from your parents? How did you respond? Do you remember how your parents responded? Any other separations?				
8	Did you ever feel rejected as a young child? How old were you when you first felt this way, and what did you do? Why do you think your parent(s) did those things? Did he/she realize Did you ever feel pushed away or ignored? Were you ever frightened or worried?				
9	Were your parents ever threatening with you in any way? For discipline or joking? Did you have any such experiences involving people outside your family?				