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RELATIONSHIP BETWEEN IDENTITY DEVELOPMENT OF YOUNG LGB
ADULTS AND THEIR ATTACHMENT STYLES AND DEFENSE
MECHANISMS

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Relationship Between Identity Development of Young LGB Adults and Their Attachment
Styles and Defense Mechanisms

Genç Yetişkin LGB Bireylerin Kimlik Gelişimi ile Bağlanma Stilleri ve Savunma
Mekanizmaları Arasındaki İlişki

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LIST OF ABBREVIATIONS

LGB:	Lesbian, Gay and Bisexual
LGBIS:	Lesbian, Gay and Bisexual Identity Scale
RSQ:	Relationship Style Scale
DSQ:	Defense Style Scale



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ABSTRACT

Sexual identity is a term that is commonly used to describe an individual's sexual orientation, sexual role, and sexual life. During preadolescence period, individuals begin to realize their sexual desires and feelings. In societies, such as Turkey, where heteronormative perception is dominant, having sexual desire towards the opposite sex (heterosexual) is generally accepted as ordinary; however, having sexual desire towards same sex (homosexual/gay) and/or both sexes (bisexual) is an existing condition. Based on the modern theories for identity development processes of LGB, the development of sexual identity is evaluated in a multidimensional system including cognitive, emotional, relational, and behavioral structures besides emotional and sexual desire dimensions. Apart from this, it is known that mental health is affected negatively among LGB individuals because of their experiences such as stigmatization, discrimination, physical and emotional violence in their daily lives. Literature also showed that individuals' relationships with the primary caregivers in the first period of their lives affected their future relationships with others. The purpose of this study is to examine the relationship between identity developments of LGB young adults, their attachment styles and defense mechanisms. The analysis in this study revealed that acceptance concern, which is the negative subscale of the LGBIS, has positive correlations with fearful attachment styles and immature defense styles. The stepwise regression analysis showed that fearful attachment style, preoccupied attachment style and dismissing attachment style were predictor role on the acceptance concerns of LGB individuals. Findings were discussed; suggestions were made for clinical practices and future studies.

Keywords: Sexual identity development, Internalized Homophobia, Defense Mechanisms, Attachment Styles, Lesbian, Gay and Bisexual

ÖZET

Cinsel kimlik genellikle bireyin cinsel yönelimini, cinsel rolünü ve cinsel yaşamını tanımlamak için kullanılan bir terimdir. Ergenlik öncesi dönemde bireyler kendi cinsel duygularını ve hislerini farketmeye başlarlar. Özellikle Türkiye gibi hetero normatif algının baskın olduğu toplumlarda, cinsel arzu genellikle karşı cinsiyete yönelmesi (heteroseksüel) olağan karşılanır, fakat bireyin cinsel arzusunun karşı cinsiyete olduğu kadar kendi cinsiyetine (homoseksüel/eşcinsel) ve/veya her iki cinsiyete (biseksüel) yönelmiş olması da var olan bir durumdur. LGB kimlik gelişimi için modern teoriler baz alındığında cinsel kimlik gelişimi duygusal ve cinsel arzu boyutları dışında bilişsel, çevresel, ilişkisel, ve davranışsal yapıları içerisine alan çok boyutlu bir sistemde değerlendirilmektedir (Moe, Reicherzer ve Dupuy, 2001). Bunun dışında, LGB bireylerin gündelik hayatlarında yaşadıkları dışlanma, etiketlenme, fiziksel ya da duygusal şiddet gibi deneyimler sonucunda ruh sağlıklarının olumsuz şekilde etkilendiği bilinmektedir (Meyer, 1995). Aynı zamanda bireylerin ilk dönem ilişkilerinde birincil bakım veren kişi ile kurdukları ilişkinin gelecekteki ilişki kurma biçimleri ile bağlantılı olduğu literatürde mevcuttur (Bowlby, 1973; Ainsworth, Blehar, Water ve Wall, 1978; Bartholomew ve Horowitz, 1991). Bu çalışmanın amacı; Türkiye’deki genç yetişkin LGB bireylerin kimlik gelişim süreçleri ile bireylerin bağlanma biçimlerinin ve savunma mekanizmalarının ilişkisini incelemektir. Araştırmanın bulguları LGB bireyler arasında LGBIS’in olumsuz alt ölçeği olan kabullenilme kaygısının korkulu/kaçınmacı bağlanma stili ve ilkel/olgunlaşmamış savunma mekanizmaları ile olumlu ilişkisi olduğunu göstermektedir. Aşamalı regresyon analizi sonucunda; korkulu/kaçınmacı bağlanma stili, saplantılı bağlanma stili ve kayıtsız/kaçınan bağlanma stiline, LGB bireylerin kabullenilme kaygıları üzerinde yordayıcı bir etkisi olduğu görülmüştür. Sonuçlar tartışılmış, klinik uygulamalar ve gelecek araştırmalar için önerilerde bulunulmuştur.

*Anahtar Kelimeler:*Cinsel Kimlik Gelişimi, İçselleştirilmiş Homofobi, Savunma Mekanizmaları, Bağlanma Stilleri, Lezbiyen, Gay ve Biseksüel

1. INTRODUCTION

Sexual identity development is one of the fundamental processes of human development that provides a basis for the experiences of social, emotional and environmental relationships in human life. In this process, an individual begins to recognize his/her sexual attractions, feelings and emotions and integrates this awareness into his/her self-identity (Mohr & Fassinger, 2000). In most of ethnic and racial minority groups, the children are raised by reinforcing and supporting their ethnic or racial identity; however, most of LGB individuals cannot be raised in a community that supports and reinforces their identities (Rosario et al., 2011; Rosario, Schrimshaw, Hunter & Braun, 2006). Although lesbian, gay and bisexual individuals have gained a positive acceleration in social acceptance within modern societies, they are still faced with discrimination, internalized homonegativity, prejudice, and heterosexist environmental factors that have negative effects on the development of a healthy and positive sexual identity (Mohr & Kendra, 2011; Allport, 1954; Crocker, Major, & Steele, 1998; Link & Phelan, 2001). This process would create an incongruence and inconsistency in its affective, cognitive, and behavioral components such that behavior may not always coincide with affect or body (Rosario et al., 2006). Social context like family or peer relationship is the primary determinant of sexual identity development; this development process can occur when a person's sexual orientation can interact with the individual throughout his/her life and establishes a life (Shapiro, Rios & Stewart, 2010). Studies in the literature on sexual identity have focused on the importance of facing social stigmatization. Also, discrimination or marginalization can create difficult processes and challenging conditions in developing a positive sexual identity. These conditions are associated with poor level of adjustment and incongruence sense of their selves (Bregman, Malik, Page, Makynen, & Lindahl, 2013; Rosario et al, 2011). In addition to these, psychology theories on the sense of self have demonstrated that individuals seek to achieve a congruence between affect, cognition and behavior because incongruence among self-components creates psychological tension (Devos & Banaji, 2003; Eagly & Chaiken, 1993).

In literature, minority stress theory emphasized that lesbian, gay and bisexual (LGB) individuals were affected not only by stress but also by other social conditions such as stigma and prejudice directly or indirectly (Allport, 1954; Crocker, Major, & Steele, 1998; Link & Phelan, 2001). Self-disclosure or coming out processes may include risky situations like rejection and/or physical harm by friends, family, co-workers or strangers. Mohr and Fassinger (2003) demonstrated that LGB individuals' attachment system might help them to regulate their feelings and emotions to cope with threatening aspects of the identity development. The attachment is considered to be essential for social and emotional relationships (Ainsworth, Blehar, Waters & Wall, 1978; Fraley, Heffernan, Vicary, and Brumbaugh, 2011; Mikulincer & Shaver, 2007) Thus, attachment system forms a basis and determine one's mechanisms of action, the perception of others and self-perception, and the distinction between real and perceived reality. In perceived threatening, frightening or alarming situation, individuals with secure attachment style has more internal trust and positive internal working models, which are shaped by his/her own and recurrent early engagement experiences (Jellison & McConnell, 2004).

The aim of this study is to understand the relationship between identity developments of LGB young adults, their attachment styles and defense mechanisms. There are many studies on minority stress, LGB individuals' relationships (Meyer, 2003), and their attachment styles (Jellison & McConnell, 2004). However, literature lacks empirical studies on the association between LGB identity development processes, attachment styles, and defenses.

In the literature review, first, LGB identity development, theoretical models of LGB identity development and minority stress theory will be summarized. Then, the theory of attachment, internal working models and the development of attachment styles will be explained. Lastly, theoretical framework of defense mechanisms and hierarchical model of defense mechanisms will be summarized.

1.1. Sexual Orientation within LGB Identity Development

LGB identity is linked to sexual orientation, but it is very important to distinguish between LGB identity and the concept of sexual orientation, since both are different concepts. Sexual orientation can be defined as personal, emotional, romantic, spiritual or sexual attraction towards other people. Moreover, experiencing same-sex attraction may be sufficient for identifying self as LGB to support the congruence between emotion, thought and behaviors (Rosario, Schrimshaw, Hunter & Braun, 2006). However; LGB identity includes more than the definition and perception of the self as LGB, showing self to the others as LGB and being behaviorally consistent with LGB identity in the social environment (Cass, 1984). LGB identity development is a complex and multidimensional process since LGB individuals can face struggles with owning same-sex attraction due to lack of support for their own identity (Mohr & Kendra, 2011). Moreover, LGB identity development includes identity integration and identity formation. Identity formation is the initiation of a process of discovery of the self and exploration of LGB identity that includes awareness of one's own sexual orientation, having sex with members of same sex and questioning of being LGB (Fassinger & Miller, 1996; Troiden, 1989). Moreover, identity integration is a continuation of sexual identity development as individuals integrate and incorporate the identity into their sense of self and increase their commitment to their LGB identity (Rosario, Hunter, Maguen, Gwadz & Smith, 2001; Rosario et al., 2006). Problems in the LGB identity development cannot be considered as separate from racial, cultural and social problems of the society; because of many LGB individuals' behaviors may not fit with their feelings and thoughts (e.g. experiencing same sex attraction but not acting according to their own interests). Thus, LGB individuals face many difficulties in their identity formation in terms of congruence between behaviors, thoughts, and emotions (Rosario, Schrimshaw, Hunter & Braun, 2006)

There are many theoretical models about LGB identity development process; some evaluate LGB identity development as a continuum or with stages. For example, Cass (1979) and some others describe this process in a multidimensional perspective (e.g., Chapman & Brannock; 1987; Dillon, Worthington & Moradi, 2011; Eliason, 1997; Savin-Williams, 2011; Sophie, 1986; Trodien, 1989). According to these models, for LGB identity formation or coming out process, homosexual individuals need to be committed to a romantic relationship (Coleman, 1982), integrate their sexual identity into other aspects of their personalities (Cass, 1984) and maintain stability in their sense of self (Troiden, 1989). These models describe identity formation and integration as a process about congruence between sexual orientation, sexual behavior and sexual identity. Identity formation is related to the awareness of one's own sexual orientation, questioning the process of becoming an LGB and exploring LGB identity by attending gay-related social and sexual activities (Cass, 1979; Chapman & Brannock, 1987; Troiden, 1989). Identity integration is mostly about incorporation with LGB identity. Thus, acceptance of own LGB identity and resolving internalized homonegativity with positive attitudes about the self would create a suitable and favorable zone to feel comfortable with disclosing sexual identity to others (Morris et al., 2011; Rosario et al., 2001). In other words, both identity formation and identity integration are bilateral processes that include gay-related social activities providing an opportunity to maintain identity development over time.

1.2. Theoretical Models in LGB Identity Development

1.2.1. Psychoanalytic Point of View about Homosexuality

In *Three Essays on the Theory of Sexuality* (1905, 1953), Freud emphasized that homosexual individuals did not have mental problems, but they had “inversion”, and they were “distinguished especially by high intellectual development and ethical culture” (p.138). He argued against degenerative perspective, but supported third-sex theory in 1915 by stating as follows: “Psychoanalytic research is most decidedly opposed to any attempt at separating off homosexuals from the rest of

mankind as a group of character... all human beings are capable of making a homosexual object choice and have in fact made one in their unconscious” (p.143n). According to Freud’s psychosexual stages, “bisexual instincts” would be organized in developmental perspectives. Freud (1908) claimed that if adults felt sexual excitement by fellatio or receptive anal sex, they could suffer from regression or fixation. Freud indicated all these activities, both within homosexual and heterosexual sexuality, as immature sexual expressions. Freud stated these activities as comparable with mature form of genital stage of his psychosexual model in heterosexual expression.

Freudian views on homosexuality were not adopted by some psychoanalysts like Sandor Rado in the mid-20th century (1940). Rado criticized Freud's approach to homosexuality for his innate bisexuality. Rado indicated that heterosexuality was a biological normative and there was no way to normalize innate bisexuality or biological homosexuality. Rado argued that homosexuality was a phobic avoidance of heterosexuality stemming from insufficient early parenthood. In addition to Rado’s theory; Bieber et al. (1962) considered that “homosexuality was a pathologic biosocial, psychosexual adaptation consequent to pervasive fears surrounding the expression of heterosexual impulses” (p.20). Ovesey (1969) also described homosexuality as “a deviant form of sexual adaptation into which the patient is forced by the injection of fear into the normal sexual function” (pp.20-21).

Psychiatry was also affected by the abnormality approaches of psychoanalytical theories. In the first (1952) and second (1968) editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM), homosexuality was diagnosed as a personality disturbance. After Stonewall riots that happened in New York City in 1969, American Psychiatric Association (APA) was criticized for pathologizing and stigmatizing homosexuality (Drescher, 1998). Between 1971 and 1973, psychoanalysts and psychiatrists voted to exclude homosexuality from the DSM-III. American Psychological Association, American Psychoanalytical

Association, National Social Workers' Association and Behavioral Therapy Association agreed on the same decision. After 1973, APA classification of homosexuality, scientific and cultural attitudes began to be more optimistic and gradually shifted to a normalized view. Postmodern theories about being gay or lesbian focused on mostly “the reason and way of homosexuality” rather than the “cause” of homosexuality (Corbett, 1977; p.500). After all these different discussions between psychoanalysts, new ideas and issues were elaborated by homosexual analysts. They published various articles and discussed different topics such as psychoanalytic technique and history, homosexual therapists, normal developmental models for growing homosexual children, psychoanalytic view on masculinity and femininity, or modification of psychoanalytic techniques about HIV patients (Blecher, 1997; Corbett, 1996; Drescher, 1998; Frommer, 1994; Glazer, 1998; Lewes, 1999; Magee & Miller, 1996; Phillips, 1998; Schaffner, 1996; Schwartz, 1996; Vaughan, 1999).

1.2.2. Other Perspectives about LGB Identity Development

According to stage- or continuum-based theoretical models, LGB identity development starts when individual becomes aware of same sex attraction (Cass, 1979). Cass' stage-based model includes six stages: *identity confusion*, *comparison*, *tolerance*, *acceptance*, *pride* and *synthesis*. At this point, some LGB individuals question the possibility of being a LGB or experiencing devaluation about heterosexual orientation. After that, LGB individuals tend to explore LGB identity, question their sexual identities, or search information to facilitate this questioning. During the next phase, LGB individual begins to adopt LGB identity as his/her own, shows attitudes towards other LGBs or shows positive emotions towards them and becomes clearer to the others as consistent with his/her identity. This model was developed for homosexual men; but it was later revised for lesbian women as well. Cass (1984) tried to validate six-staged categorical model empirically and developed the *Stage Allocation Measure* as a questionnaire. However, research showed only four stages rather than six. According to Cass' study (1994), confusion, comparison, tolerance and synthesis stages were valid for all LGB

individuals in study, however; identity acceptance and identity pride stages could not be in sequence through developmental stages or can be passed among lesbian participants (Alessi et al., 2011; Cass, 1984; McCarn & Fassinger, 1996).

Similar to Cass' stage-based model of homosexual identity formation processes, Coleman (1982) demonstrated a five-stage model including *pre-coming out*, *coming out*, *exploration*, *first relationship* and *integration*. First stage is similar to Cass' first stage; *pre-coming out* is related with feeling different and with first awareness for homosexual tendencies. After that; *coming out* stage is comparable to Cass' identity confusion, identity tolerance and identity acceptance stages. In this process, individuals try to accept their homosexual feelings towards the others and to achieve success in expressing these feelings (Coleman, 1982; McCarn & Fassinger, 1996). Another similarity between Cass' and Coleman's stages is the common final stages of reaching identity exposition after each stage. However, Coleman argued that the social impact had not progressed fully and that all individuals should not proceed through the stage-based model. Coleman's model supplied elasticity for returning to the earlier stages repeatedly even in adulthood or for working through the stages simultaneously. However, this stage-based model has not been empirically validated (Coleman, 1982, Mccarn & Fassinger, 1996).

According to Troiden's (1989) conceptualization of homosexual identity, all homosexual individuals pass the same four stages through development of their identities. These stages were listed as *sensitization*, *identity confusion*, *identity assumption* and *commitment*. During the *sensitization* phase, children begin to expand their awareness about being individuals who are differentiated from same-sex peers. This phase is the last period after adolescence. Moreover, the complexity of identity is usually experienced during adolescence, and includes its own images and conflicts related to the sexual arousal for the same sex or lack of heterosexual arousal. After *sensitization* and *identity confusion* stages, individuals face the *identity assumption* stage that mostly begins during twenties. At this stage, young adults begin to accept their sexual orientation and try to socialize among homosexual communities. The last stage of Troiden's conceptualization is

commitment. Having emotional and sexual relationships with same sex would be determinant of the *commitment* stage. An individual considers homosexuality as a way of life, and his/her sexual orientation as a satisfying identity throughout the life. Troiden's stage model has suggested that a homosexual identity remains stable once it is achieved. Troiden also emphasized that homosexual environment had an important supportive role in facilitating self-acceptance in terms of social stigmatization of LGB individuals. However, Troiden's stage conceptualization has not been empirically supported like Coleman's model (McCarn & Fassinger, 1996; Troiden, 1989). Stage based models have been criticized for depicting one linear and fixed identity developmental path (Bilodeau & Renn, 2005)

Recent studies on gender identity have shown that gender identity may change over time (Savin-Williams & Ream, 2007). In the literature about homosexual identity, there are studies from different perspectives. Nagoshi, Terrell and Brzuzy (2014) have stated that LGBT individuals perceive gender identities as dynamically related to their sexual orientation. However, heterosexual participants considered their sexual orientation independent of their gender identity.

Contemporary theoretical models on LGB identity development emphasized multidimensionality including physical-sexual and affective-emotional dimensions. Modern theories did not evaluate the identity formation linearly; it included emotional, mental, relational and behavioral components. These components may conflict with each other during different life events and cannot be considered as separate from the social and cultural background (Dillon, Worthington & Moradi, 2011; Barker et al., 2012; Savin-Williams, 2011). Multidimensional models support us to assess LGB identity in terms of identity variables and other psycho-environmental variables (Mohr & Fassinger, 2000).

1.3. Minority Stress Theory

The term of minority stress is a social stress theory in social psychology. Minority stress highlight the stressed person among social categories that reveal

stigma due to their social minority states. Not only stress but also other social conditions have direct or indirect effects on minority stress such as stigma and prejudice (Allport, 1954; Crocker, Major, & Steele, 1998; Link & Phelan, 2001). The social psychologists investigate and try to understand how intergroup relationships affect minority positions and health. Social identity and self-classification create a wide range of theoretical backgrounds on how the self is influenced by its intergroup dynamics (Turner, 1999; as cited in Ellemers et al., 1999). Symbolic interaction theories have similarly demonstrated that meaning of the self depends on how people give meaning to the environment and the world (Stryker & Statham, 1985). The symbolic interactions with environment constitute the basis of the development of sense of self. The negative evaluation about others may be related to negative self-regard. In addition, all social theory perspectives mentioned about how negative evaluation of others like stereotypes, stigmatization or prejudice result in psychological outcomes directly or indirectly.

In psychology, minority stress concept helps the psychologist to understand how and why the sexual minorities have higher rates of mental health problems in community. Brooks (1981) explained the minority stress as "... culturally sanctioned, categorically ascribed inferior status, social prejudice and discrimination, and the impact of these environmental forces on psychological well-being, and consequent readjustment and adaptation" (p.107). Thus, minority stress is related with the membership of a low-level social category or group and it leads to social stress in the community. Meyer (2003) suggested that minority stress has three basic features; (1) unique, that is associated with general stressors which are experienced by all people in the society; stigmatized people should require more effort for adaptation compared to others who are not stigmatized; (2) chronic, that is associated with stable underlying social and cultural structures; and (3) socially based, that is derived from social processes, institutions and structures rather than individual events or organizations that describe general stressors or other biological and genetic features of the individuals or social groups. In addition, Meyer (1998, 2003) indicated that mental health problems were not directly related to social

stressors for minority members, and accumulation of catastrophic social situations for minority individuals leads to psychological distress and problems.

Meyer (2003) revised minority stress and created a theoretical framework to understand specific elements faced by sexual minority individuals. He suggested that minority stress is a continuum from distal to proximal stressors. Distal stressors are mostly external and objective stressors. Proximal stressors are present in a sexual minority group (Fingerhut, Peplau, & Gable, 2010). Meyer addressed distal stressors within prejudice events; and proximal stressors can be addressed through different ways including perceived stigma, concealing one's sexual orientation, and internalized homonegativity/binegativity (can be found in literature regarding internalized homophobia/biphobia).

1.3.1. Distal Stressor

Minority group members have often faced discrimination, prejudice or victimization as a result of being part of a sexual minority group. Cochran and Mays (2001) have described two types of discriminations: major discrimination (e.g. dismissal from work, police harassment, etc.) and daily discrimination (e.g. giving a nickname). The prejudice against sexual minority groups has been indicated to be serious such as hate crimes and violence (Herek & Garnets, 2007). The prejudice could cause men or women in sexual minority group to be victims of verbal, physical, psychological and/or sexual harassment at all times; and the prejudice rate has been reported to be much higher for homosexuals than heterosexual individuals (Balsam, Rothblum, & Bauchaine, 2005; Herek, Gills, & Cogan, 1999).

Victimization and discrimination studies that were conducted among adolescents found high rate of bullying in high schools (Riggle, Rostosky & Horne, 2010a; Rivers & Cowie, 2006). In a large-scale study on the discrimination of sexuality (n=237,544), 91% of high school adolescents reported that they heard negative comments from their friends about their sexual orientations (California Safe Schools Coalition and the 4-H Center for Youth Development, 2004).

Similarly, Rivers and Cowie (2006) showed that although modern societies have changed their views on homosexuality and bisexuality, bullying on sexual orientation increased suicide, depression and self-harm. Also, homonegativity and binegativity are found to be common in schools; and this directly affected the psychological well-being of LGB adolescents (Riggle, Rostosky & Horne, 2010a). As a result of high rate of discrimination and victimization, chronic stress and inadequate coping systems led to mental health problems among LGB individuals (Burgess, Lee, Tran & Van Ryn, 2007). Literature on LGB individuals showed that discrimination and prejudice create harassment and psychological problems like depression, anxiety or poor well-being (Bontempo & D'Augelli, 2002; Cox, Vanden Berghe, Dewaele, & Vinke, 2008; Fingerhut et al., 2010; Friedman and Leaper, 2010; Herek et al., 1999; Meyer, 1995; Morrison, 2011; Sandfort, Graaf, Bijl, & Schnabel, 2001; Waldo, 1999)

1.3.2. Proximal Stressors

Meyer (1995, 2003) offered three types of proximal stressors in minority stress: perceived stigma, concealment of sexual identity and internalized homonegativity. First, 'perceived stigma' can be defined as a fear of rejection or discrimination because of one's own sexual minority group (Fingerhut et al., 2010). Homosexuals with high level of perceived stigma may have beliefs about conserving their minority components of their identity with interacting with dominant group members (Meyer, 2003). The constant alertness for possible prejudice, however, may create high level of stress in daily life. And, long-term stressful conditions have been stated to be associated with psychopathology (Herek & Garnets, 2007). Second type of proximal stressor is the concealment of sexual identity. Concealment of sexual identity can also be seen as a coping strategy to avoid negative consequences such as discrimination, victimization, hate crime, or to avoid guilt and shame (D'Augelli, 1993; D'Augelli & Grossman, 2001; D'Augelli, Grossman, & Starks, 2001). Although this coping strategy may be effective in daily life, it may also create an isolation from friends and family members and create negative stereotypes about themselves and other members of sexual minorities

(Meyer, 2003). Third type of proximal stressors that was suggested by Meyer (1995, 2003) was internalized homonegativity. All sexual minority individuals can face anti-homosexual or anti-bisexual biases since their childhood, especially in the Western cultures (Gonsiorek, 1991). Non-heterosexual individuals accept that their sexual orientation does not conform to idealized values of society, and this may lead to internalization of sexual minorities, the negative citation and inferiority conditions that lead to initiation of internalized homonegativity (Meyer, 1995). Internalized homonegativity can be defined as “the acceptance and internalization by the members of oppressed groups of negative stereotypes and images of their groups, beliefs in their inferiority, and concomitant belief in superiority of the dominant group” (Smith, 1997, p.289). Negative attribution and inferiority of one's own sexual orientation are more likely to have important roles in mental health. According to the literature on sexual orientation, a high level of internalized homonegativity was found to be associated with poor mental health conditions. For instance; there are several studies showing that internalized homonegativity is significantly related with depressive symptoms (Frost & Meyer, 2009; Igartua, Gill & Montoro, 2003; Lewis et al., 2003; Newcomb & Mustanski, 2010, Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). Moreover, most of the individuals were shown to have low self-esteem due to internalized homonegativity (Szymanski and Gupta, 2009). Because of these negative psychological conditions, high rates of substance use were found as a coping mechanism among LGB community (Rosario, Schrimshaw & Hunter, 2006; Wright & Perry, 2006). Studies have also shown that suicidal attempts (Ortiz-Hernandez, 2005; Igartua, 2003) and self-harming behaviors (Herek, Cogan, Gillis, & Glunt, 1998) were found to be related with internalized homonegativity.

In the light of LGB literature, it can be stated that the developmental path has a crucial role in LGB identity process. Dube (2000) emphasized the importance of developmental sequence in the process of LGB sexual identification in terms of establishing and maintaining long-term close relationships. For instance; when an individual identifies self as a “gay” or “lesbian” or “bisexual”, before experiencing

same sex sexual behavior; he/she will develop identity-centered self. According to Dube (2000), identity-centered LGB individuals have higher capacity to maintain intimate same sex relationship than sex-centered LGB individuals. Moreover, Schindhelm and Hospers (2004) demonstrated that sex centered LGB individuals reported high rates of risky sexual behaviors, more negative attitudes towards themselves, and high levels of internalized homonegativity.

Mohr and Kendra (2011) developed an assessment scale based on both social stress theory and LGB identity development processes. The Lesbian, Gay, and Bisexual Identity Scale (LGBIS), included items on identity related phenomena like identity affirmation, identity uncertainty, identity superiority, identity centrality. According to Mohr and Kendra, identity affirmation dimension is related to the recognition of LGB identity, identity uncertainty refers to the feeling of ambiguity about individual's own sexual identity, identity superiority refers to the point of view about favoring LGB identity over heterosexual individuals, and identity centrality is related to view LGB identity as integral to overall identity.

The scale helped researchers to assess the social stress-based phenomena like internalized homonegativity, difficult process, acceptance concern and concealment motivation. These dimensions evaluated LGB individuals' identity formation processes and attitudes towards socially stressful situations. Acceptance concern is related with feeling distressful about potential stigmatization as a LGB individual; concealment motivation is about cautious attitudes towards protecting privacy as LGB; internalized homonegativity is related to rejection of LGB identity, and difficult process is about perception of developmental difficulties of LGB identity. In the validity study of the LGBIS subscales by Mohr and Kendra (2011), Acceptance Concerns, Internalized Homonegativity, and Difficult Process were found to be positively associated with negative psychosocial functioning such as guilt, fear, hostility, and sadness. On the other hand, identity affirmation showed that a lower level of negative psychosocial functionality and higher life satisfaction

and self-esteem. In addition, the concealment motivation subscale was found to be negatively correlated with being out.

In summary, in LGB psychology not only relationship with others but also relationship with individual's own self had crucial roles in LGB identity development. Thus, attachment to others, as well as meanings given for self-identity would be important for further understanding of LGB individuals.

1.4. Attachment Theory

Attachment can be conceptualized as “the propensity of human beings to make strong affection bonds to particular others” (Bowlby, 1977, p.201). Attachment theory is one of the most important influential theories in human psychology; it helped researchers to explain and predict human behavior based on early experiences with the caregiver, as well as to understand and explain the changes in the relationships throughout life (Brisch, 2011, as cited in Ruppert, 2011).

1.4.1. Development of Attachment Theory

Bowlby (1973, 1980) demonstrated that human beings inherited a tendency to establish an emotional bond with their caregivers, especially for protection. This attachment mechanism was activated under the conditions where the proximity between the child and caregiver was in danger or under threat. Bowlby (1973) indicated that the caregiver's ‘availability’ is related with caregiver's accessibility and responsiveness towards the needs of the child. Bowlby emphasized that repetitive experiences with caregiver and the quality of mother-child interaction shape the child's “internal working models” (IWMs) for the caregiver.

Attachment researchers like, Ainsworth and her colleagues (1978) developed a structured laboratory condition, called ‘the Strange Situation,’ to assess the reaction of the infants towards their caregivers during separations and reunions. They have developed this procedure to observe the attachment reactions of the infants when they face stressful situations. Ainsworth and her colleagues (1978)

identified three attachment styles between children and their caregivers: secure, insecure-avoidant, and insecure-ambivalent. These attachment styles were categorized according to children's reactions to reunions and separations from their caregivers. In their experiments, Ainsworth and her colleagues observed that in "secure" attachment style, the caregiver had a secure role in the exploration of the world verbally, physically and visually. Secure children explored comfortably the room in the presence of their caregivers. When the mother left the playroom, securely attached infant showed distress and resistance. When the mother returned to the playroom, children were easily comforted by their caregivers and looked for proximity. Researchers indicated secure children tend to have a confidence regarding the availability of their caregivers for comfort (Ainsworth et al, 1978) and tend to show open, warm attitudes toward reunion (Cassidy, 2000). Secure children have been stated to have internal working models of responsive and reliable caregivers (Holmes, 1989). Further studies have found that secure toddlers responded more flexibly towards the problems and generally showed positive affects (Waters & Sroufe, 1983; Matas, Arend & Sroufe, 1978). Thus, a secure internal working model improved the quality of social relationship with others and self.

Ainsworth et al. (1978) described insecure children in two categories: insecure/avoidant and insecure/ambivalent. Children with insecure/avoidant attachment showed no distress when their caregivers left the playroom and had less tendency to explore the environment than securely attached children. When their caregivers came back to the playroom, these children avoided and ignored their caregivers. Avoidant children showed a tendency for overregulating their emotions with less expressions. They have learned how to deactivate their attachment systems in order to avoid the distressing experiences. According to Ainsworth et al. (1978), caregivers of insecure children were not reliable for their children and were generally not responsive for their physical and emotional needs. They also suggested that when children attempted to reach the caregivers, the caregivers were mostly not available and/or consistently rejected their children's needs. Later

studies on attachment also found these mothers are insensitive to their children's have various difficulties in interacting with their children (Bleher, Lieberman, & Ainsworth, 1977; Tracy & Ainsworth, 1981).

In insecure/ambivalent attachment category, the children are often faced with extreme stress and anxiety in the absence of the caregiver. They feel distress, anxiety and disappointment and do not cease to cry. Insecure/ambivalent children show less confidence about their caregivers' availability and responsiveness than securely attached children. They exhibit ambivalent reactions toward their caregivers. They have difficulties about differentiating the desire to approach and to keep away from their caregivers. Besides, their caregivers' attempts to comfort their anxiety fail. Ainsworth and colleagues (1978) have indicated that children showing anxious/ambivalent attachment have high distress in the absence of their mothers and their distress level inhibits their capacity to play, to explore the room, or approach to their mother. Insecure/ambivalent children show under modulated affective states in the face of stressful and/or anxious situations which they feel is difficult to alleviate (Brisch, 1999; as cited in Ruppert, 2011)

Main and Solomon added a fourth category 'Disorganized/Disoriented' attachment classification in 1990. The disorganized child has been observed of being repeatedly alarmed by their caregivers' behaviors in the Strange Situation. He/she often exhibits different intercourse behaviors such as freezing, collapsing or approaching when the caregiver returns to the room. Main and Solomon (1990) have suggested that these children can regard their mother as frightening because of their caregivers' threatening behaviors. During Strange Situation, Main and her colleague observed these types of disorganized behaviors for only a few minutes; and the infants generally reverted to organized attachment strategy. Insecure internal working models of attachment led to unworthy and incompetent self-representations depending on the caregiver's misinterpretations and responses with confusing messages or rejection (Bretherton, 1993).

Bowlby (1977) proposed that cognitive components, which are derived from mental representations of the attachment figure, environment and the object relations (inner mental images about the self and others); improve the organization of the attachment behavioral system that are mainly depend on experiences (Spangler & Zimmermann, 1999). According to Bowlby, these internal representations or internal working models give individuals opportunities to make plans for their future (Davies & Bhugra, 2004). Internal representations of self and other continue to develop according to relational/attachment basis across the lifespan in terms of cognition, emotion and behavior (Ainsworth, 1978; Bowlby, 1973; Bretherton, 1985). The models of internal representation create cognitive, emotional and behavioral responses to arousal anxiety based on the experiences of individuals about consistency, accessibility and caregiver's way to meet expectations (Spangler & Zimmermann, 1999). These representations are very important because of their decisive role in interpersonal life, interactions and interactions with others and environments. Thus, internal representations support individuals to interpret events, evaluate outcomes and create alternative solutions or interpretations during their adult lives (Lapsley, Varshment & Alaska, 2000).

In a disturbed relationship, early childhood trauma of the mother negatively affects the child-caregiver interaction, and object relation functioning is affected negatively and leads to various disturbances in the development of mental representations. For example; research on the effects of early childhood object relations on adulthood relationships in case of abuse and neglect have shown that children use these maltreatment experiences in a distorted way in coping mechanisms and in future relationships (Crittenden, 1990). Many recent studies emphasized relationship schemas of the children under disrupted caregiving circumstances (Crittenden, 1990; Lynch, Cicchetti, 1992). Seligman (2014) demonstrated that development of the sense of self was affected by caregiver's reflective thinking; and caregiver's deficits about reflective functioning capacity are related to low self-worth, and labile self-organization

Researchers indicated that internal representation of insecure relationships, affects the development of the sense of self negatively (Gilbert & Gerlsma, 1999). Insecure individuals have difficulty differentiating their own mental state from others. Internalization of inconsistent caregiving create difficulties in the differentiation of self and the other, in regulation capacity, thus in the development of mature ego functioning (Sroufe, Egeland, Carlson & Collis, 2005, Fonagy et al., 2002)

As we discussed above, early attachment systems and internal representations can be important to understand and consider adulthood representations. In the present paper, attachment theory is conceptualized according to Bartholomew and Horowitz's (1991) point of view. Bartholomew and Horowitz (1991) proposed that individuals exhibit one of the four attachment styles (secure, fearful, preoccupied or dismissing) as the consequence of positive or negative early schemas on self and other. The dimensional models of attachment theory will be further analyzed in the following paragraphs.

1.4.2. Dimensional Models of Attachment Theory

The first trial to measure adult attachment system in dimensional system was Hazan and Shaver's (1987) categorical model. They tried to measure attachment styles by evaluating adulthood romantic relationships that were based on infant-mother attachment (Ainsworth et al., 1978). More specifically, internal working models influence individuals' own capability and lovability (self-model) and the receptiveness and accessibility of other (other model) at the same time (Lopez et al., 1977).

In the present paper, attachment theory is conceptualized according to Bartholomew and Horowitz's (1991) point of view. Bartholomew and Horowitz (1991) demonstrated a pragmatic and reductionist model for internal working and conceptualized dichotomous models of adult attachment. They described four

categories (secure, fearful, preoccupied, and dismissing) that reflected the individuals' inner representations to an interpersonal context.

According to Bartholomew and Horowitz, "secure attachment" was depending on positive and valuable self and other perception and secure attachment allowing individuals to form intimate relationship and be comfortable with both closeness and separateness. They described secure attachment as one that an adult had a positive model about self and others, and that individual was "comfortable with intimacy and autonomy". Securely attached individuals value others as accessible when they are needed, and they do not display fear of intimacy or abandonment based on their fulfilled attachment needs in their childhood. Thus, Collins and Read (1990) indicated that securely attached individual had not lived separation anxiety in high levels. Moreover, securely attached individuals are not engaged in destructive behaviors like demanding excessive closeness, insisting on continual proof of love and commitment or need of reassurance from the romantic partner. Securely attached adults describe their mothers as caring, accepting and dependable (Hazan & Shaver, 1987).

The insecure category of dismissing is described as the belief that self-shooting process is provided, but there is no support from the others. Bartholomew and Horowitz (1991) described this type of internal working model as having positive views about the self but having negative a point of view about others; and this type of attachment is "dismissive of intimacy and counter dependent". When infant experience rejection history in early childhood or have psychologically unavailable caregiver, dismissing attachment style is developed (Hazan & Shafer, 1987; Bartholomew & Griffin, 1991). Dismissingly attached individuals construct a positive sense of self as a worthy of love and attention in the presence of rejection by caregiver. They have avoidance about proximity with others due to their negative expectations, they emphasize the significance of independence (Bartholomew & Griffin, 1994).

Unlike dismissing attachment study model; the preoccupied attachment style can be evaluated in situations where self-confidence is low, but the beliefs of others are particularly high in managing the individual's own distress. Preoccupied attached individuals have low level self-esteem and feel unworthiness and excessive dependence on other's approval. They experience the fear of rejection and abandonment because of their low level of self-confidence (Cooper, Shaver & Collins, 1998). This type of attachment style is based on the internalization of caregiver's experiences that are inconsistent and unreachable for the child's troubles; so, preoccupied internal working model results in the child's inability to regulate his/her own problems separately from others and to rely on others. Bartholomew and Horowitz operationalized preoccupied attachment style as having negative views about the self and positive views about the others.

The final category in Bartholomew and Horowitz's (1991) conceptualization is "unresolved/disorganized" attachment style that is described as the internal working model when the individual has a low level of confidence about both self and the others in order to provide self-shooting processes towards distress. This attachment style is based on the experience of loss or abuse with attachment figures, which are the signs of fragmentation of attachment strategies. When the attachment figures play a double role in the attachment strategy in terms of both comfort and fear for the child, there may be disorganizing effects on the connection forms such as being close to the source of comfort and avoiding attachment forms. Bartholomew and Horowitz described this as "fearful" internal working model when the individual had a negative point of view about the self and others and named it as "fearful of intimacy and socially avoidant".

Brennan, Clark and Shaver (1998) have demonstrated that there are two main dimensions of adult attachment: attachment-related anxiety and attachment-related avoidance. While attachment-related anxiety indicated experiences about fears of rejection and abandonment, attachment-related avoidance indicated experiences about displeasure with closeness and depending on others. Hazan and

Shaver have also reported that avoidantly attached adults are not comfortable with depending on others. They have minimum demands for care from others.

According to Mikulincer and Shaver (2005), attachment styles have a determining role on interpersonal behavior, and have a contribution on social interaction in close relationship. When attachment figure is reachable in reality or symbolically, affect regulation is formed which is called security-based strategy in the activation of attachment system (Mikulincer & Shaver, 2005). Moreover, according to Mikulincer and Shaver (2007), if an individual's attachment system is triggered, individuals with high level of attachment anxiety tend to be needy, jealous, angry, and controlling whereas individuals with high level of attachment avoidance tend to stay away from their partners due to relationship stress. In addition to that, high levels of one or both dimensions are related with greater attachment insecurity whereas low levels of both are related to greater attachment security (Brennan et al., 1998; Fraley, Heffernan, Vicary, & Brumbaugh, 2011; Mikulincer & Shaver, 2007). Thus, securely attached individuals diminished the anxiety in positive ways and have created new coping strategies with flexible mechanism. Security based strategies are basic components of secure attachment and these strategies depends on positive relations with attachment figures (Mikulincer, Shaver & Pereg, 2003).

Model of Self (Anxiety)

		Positive (Low)	Negative (High)
Model of Other (Avoidance)	Positive (Low)	Secure	Preoccupied
		High self-worth, believes others will be responsive, comfortable with autonomy and in forming close relationships with others	A sense of self-worth that is dependent on gaining approval and acceptance from others
	Negative (High)	Dismissing	Fearful/Avoidance
		Over positive self-view, denies feelings of subjective distress and dismisses the importance of close relationships	Negative self-view, lack of trust in others, subsequent apprehension about close relationships and high levels of distress

Figure 1. Bartholomew and Horowitz (1991)' 2X2 Self and Other Model

1.4.3. Attachment styles through LGB Identity Development

In modern heterosexual societies, most people raise their children according to heterosexual norms and values (Herek, 1995, Meyer & Dean, 1998, Malyon, 1982). In order to sustain these heterosexual values in society, “ideological system denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community” (Herek, 1995; p.321). For this reason, homosexual youth may be confused about experiencing homosexual feelings as these feelings or behaviors cannot be appropriate for the heterosexual community (Shidlo, 1994). From the above literature review about LGB identity development, research emphasized the importance of social relationships as a factor during identity

development which is a multidimensional process but not stage-based (Bowleg, 2008; Bregman, Malik, Page, Makynen, & Lindahl, 2013). Accepting one's own sexual identity which is known as coming out (Allessi et al., 2011), is considered as "highly interpersonal in nature" because it has a capacity to manage the challenges about disclosing sexual orientation to the family, friends, society, and individuals from other circles (Mohr & Fassinger, 2003, p.482). Thus, level of attachment security has a major role in individuals' relational patterns and may influence the sexual identity development and coming out process (Mohr & Fassinger, 2006).

Literature showed that secure individuals have high self-esteem and positive social relationships (Hazan & Shaver, 1987; Collins & Read, 1990; Mikulincer and Nachshon, 1991). However, literature generally lacked how LGB individuals' attachment styles were differentiated from heterosexuals (Jellison & McConnell, 2004).

According to Mohr (as cited in Mohr & Fassinger, 2003), "Adult attachment security has been linked to an individual's ability to regulate emotions and to seek support during fear-provoking, challenging, and conflictual situations, which are precisely the types of situations that characterize the LGB identity development process" (p.483). In addition, the attachment style has an important role in the way of LGB individuals to organize their feelings and emotions when they are faced with dangerous situations associated with sexual identity and/or sexual orientation development processes (Bregman et al., 2013; Mohr & Fassinger, 2003).

Elizur and Mintzer (2003) emphasized that securely attached LGB individuals had a chance to develop a positive LGB identity. Jellison and McConnell (2004) demonstrated that homosexual men who had secure attachment reported more positive attitudes towards their own homosexuality, and they showed greater level of self-disclosure and greater self-esteem. Internalized homosexuality and risky

behaviors have been indicated to be low when gay men have secure attachment styles (Jellison & McConnell, 2004).

Studies on attachment styles and LGB identity processes generally indicate that internalized homonegativity levels are often high when LGB individuals have one of these insecure attachment styles (Meyer, 2003; Sherry, 2007; Mohr & Fassinger, 2006). For this reason, it is known that internalized homonegativity can be evaluated as a prominent issue during early stages of identity development. Thus, this internalization about anti-LGB ideas and perceptions can lead to negative effects on the psychological adaptations of LGB individuals through experiencing socialization within LGB community or facing negative discourse about sexual orientations (Meyer, 2003; Sherry, 2007; Mohr & Fassinger, 2006).

The identity development process can be difficult for individuals with avoidant attachment due to feeling discomfort while approaching others and being reluctant to trust and seek support from others. Similarly; individuals, who are attached anxiously, may face with many difficulties in identity development process because of their needs for approval from others and their vulnerability to disapproving messages from the others. Mohr and Fassinger (2003) demonstrated initial empirical support; and they indicated that LGB participants, who had higher levels of anxious and avoidant attachment styles, had also higher tendencies to develop negative identities involving self-acceptance of same-sex relationships.

Jellison and McConnell (2004) indicated that internalized negative feelings about own homosexuality addressed internalized homonegativity, which could cause low self-esteem and self-destructive behaviors (Mcdermott, Roen, & Scourfield, 2008). These hidden negative emotions about homosexuality manifested in various ways such as accepting homosexuality completely (Malyon, 1982), self-sabotaging behaviors as wrong career/education decisions (Gonsiorek, 1995), excessive eating or drinking in order to cope with stress (Nicholos & Long, 1990), having unsafe sexual relations (Stokes & Peterson, 1998) and domestic

violence (Pharr, 1988; Shidlo, 1994). Negative attitudes towards own homosexuality reduces self-esteem and social disclosure for homosexual men (Jellison & McConnell, 2004; Mohr & Fassinger, 2006).

Wang, Schale and Broz (2010) examined the relationships between adult attachment styles, LGB identity and sexual attitudes among university students. The results showed a significant moderator effect of LGB identity on the relationship between attachment avoidance and sexual permissiveness attitudes. Wang, Schale and Broz (2010) indicated that individuals who are in advanced stages of LGB development, with a healthy perception of self and healthy relationships with others, were more secure in expressing one's LGB identity and in pursuing intimate LGB sexual connections. They also mentioned that positive LGB identity development may serve as a source of inner security that decreases the necessity of using avoidant mechanisms and increases the capacity to regulate negative emotions on sexual permissive attitudes.

Significant research has emphasized that a strong LGB identity depends on how they accept their own sexual orientation, and the processes involved (Alessi et al., 2001). In addition, accepting and disclosing one's own sexual identity which is known as coming out process mostly has connection with individual's management capacity for challenges when disclosing sexual orientation to family, friends, religious community and other special people (Mohr & Fassinger, 2003, p.482). In other words, Mohr and Fassinger (2003) indicated that LGB individuals had higher levels of attachment anxiety and attachment avoidance; had tendencies towards more negative identities that involve lower self-acceptance when compared to securely attached LGB individuals. Thus, the identity development process and coming out process may be more difficult for individuals with high attachment avoidance or attachment anxiety (Mohr & Fassinger, 2003; Elizur & Mintzer, 2003).

In Turkish population, Bulutlu (2019) investigated the moderator role of concealment motivation of LGB individuals on reflective functioning capacity and indicators of poor mental health (depression and anxiety). Their study revealed that a high level of concealment motivation increased the risk of depression and anxiety among LGB individuals. Moreover, self-concealment and reflective functioning moderated the relations between perceived discrimination and indicators of poor mental health. In this study, Bulutlu demonstrated that concealment motivation and reflective functioning moderated the relationships between perceived discrimination and poor mental health. The findings showed that high level of self-concealment increased the risk of depression and anxiety among LGB individuals who had perceived discrimination; whereas high level of reflective functioning had buffer effects on negative impact of perceived discrimination on the mental health of LGB individuals.

Finally, attachment theory in relation to theories of LGB identity will shed light on an individual's ability to seek support and develop a coherent, positive sense of self in the face of threatening or challenging circumstances. Specifically, attachment styles may play a role in regulating the affect and support-seeking experiences of LGB individuals facing threatening aspects of the identity development process, which characterize the LGB identity development process. A healthy LGB identity development includes both acceptance of the self and balance in the relationships with environment whereas negative LGB identity often contains internal struggles of confusion, shame, guilt and anger towards self and/or others (Yarhouse, 2001).

1.5. Defense Mechanisms

Defense mechanisms have been defined and evaluated several times in the psychology literature (Vaillant, 1994, 2000; McWilliams, 1994; Cramer, 2004). American Psychological Associations (APA, 1994; Perry et al., 1998) describes defense as automatic psychological responses to internal and external conflicts and stressors; and mostly operate out of awareness. According to Nancy McWilliams

(1994), there are many benign functions of defenses that start out as providing healthy and creative adaptation that continues throughout life. On the other hand, defenses have a role of defending against threat. An individual who is in a defensive behavior generally has one or two intentions at the subconscious level to avoid a threatening feeling and maintain a strong sense of self. Working on defense mechanisms is a unique way in many clinical areas, but empirical studies have been slowed down because empirical studies have generally emphasized defense mechanisms to identify clients or to create a new perspective for specific psychopathology (Vaillant, 1994).

1.5.1. Review of Theoretical Background

Defense mechanisms have been discussed in the psychoanalytic literature since Freud (1894). The first attempt to describe and conceptualize the “defense” term was in Sigmund Freud’s (1894) paper called ‘*Neuro-Psychoses of Defense*’. According to Freud, the mechanism of defense are unconscious operations that are used if the realization of an instinctual wish is threatened by a danger in the external world such as loss of object, loss of object’s love or castration (Freud, 1926, p.137). First of all, Freud proposed three structures of the personality that were id, superego, and ego. The id was described as the unconscious impulses based on pleasure principle and Freud believed that the id represents biological instinctual impulses in humans such as aggression or sexuality. The superego includes internalized social, moral and parental standards as “good” or “bad”, “right” and “wrong” behavior or attitudes. This contains conscious rules and regulations and their integration unconsciously. Lastly, ego represents the moderator role between id’s pleasures and the morals of superego and tries to compromise to smoothen both. Freud claimed that when anxiety becomes unbearable, the ego takes over using the defense mechanisms in order to protect the person. The ego uses defense mechanisms in order to distort the id’s impulses into acceptable ways and tries to control conscious and unconscious blockage (Freud, 1926).

The term of “defense” can be seen in different papers of Freud (“*Further Remarks on the Neuro-Psychoses of Defense*”, 1986a and “*The Aetiology of Hysteria*”, 1896b). Freud mentioned about defense mechanism in terms of reducing anxiety that was a result of intrapsychic conflicts. The concept of the defense was used for ego protection against instinctual demands in the psychic world. Freud differentiated defense mechanisms under three groups in a continuum. The one polar of this continuum is psychosis and the opposite polar is mature; between the two of them is the defense mechanism defined as neurosis. Freud (1915) studies about defense mechanism depends on the following main defenses:

- Repression: when a feeling is hidden and forced from consciousness to the unconscious because it is seen as socially unacceptable
- Regression: moving back into an early stage of mental or physical development (less demanding and safe) when facing stressing condition
- Reaction formation as reactive alteration for ego or undoing and isolation as defense for obsessive neurosis.

Apart from these defenses, he (1922) mentioned about projection and identification (or introjection) in his paper named as “*Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality*”.

- Projection: individuals attribute their own unacceptable thoughts, feelings and desires to other individuals.
- Sublimation: means expression of anxiety in socially acceptable ways.

Freud discovered most of defense mechanisms and identified their important properties. He emphasized that defense mechanisms are unconscious, and different from one another; they try to manage affects and instincts; they are reversible and might be pathological (Zepf, 2011).

Anna Freud developed the theoretical background of defense mechanisms from Sigmund Freud's concept (Hentschel, Smith, Draguns & Ehlers, 2004; Willick, 1985). In her book named as *The Ego and the Mechanism of Defense* (1936), she wrote about ten defense mechanisms and their definitions and theoretical backgrounds. Sigmund Freud emphasized defense mechanisms only

with the basis of their relations with the psychopathology. However, Anna Freud evaluated their capacities of adaptive and maladaptive roles in functioning. When Sigmund Freud argued about underlying mechanisms in intrapsychic conflicts, Anna Freud interpreted ego functioning and defense mechanism during psychoanalysis (Willick,1985). She brought up a systematic structure to describe ten defense mechanisms: regression, repression, reaction formation, projection, introjection, turning against the self, reversal and sublimation.

Anna Freud conceptualized the acquired knowledge on defense mechanism based on three institutions of psychic personality: id, ego and superego. It is a known fact that the combinations of these three terms have a meaning in the psychic world of an individual. Identity of instinctive motives such as aggression and libido are part of the unconscious mind, and its function depends on the “pleasure principle”, such as the quest for pleasure. Apart from the id, the ego mostly takes part in conscious mind and depends on “reality principle” that is related to rational thoughts and sense of self which allows or does not allow id’s desires of gratification in real world. The superego is the site of moral consciousness and related to social rules of behaviors through punishment, guilt or ethical consideration. Anna Freud (1936) indicated that defense mechanisms associated with early developmental disruptions as a self-function serve to regulate internal conflicts and affections. Some defensive mechanisms that are normative at developmental stage can be seen as a psychopathological sign. She (1936) classified defense mechanisms according to source of anxiety, and she indicated that defense mechanisms also have functions in the emergence and resolution of psychic conflicts.

Anna Freud extended her views on Sigmund Freud's defensive patterns and symptom formations. She stated that “the part played by the ego in the formation of the compromise which we call symptoms consists in the unvarying use of a special method of defense, when confronted with a particular instinctual demand,

and the repetition of exactly the same procedure every time that demand recurs in its stereotyped form” (p. 34).

In modern psychoanalytic theory, Freudian drive theory has faced many revisions, such as object relations and inter-subjectivity, rather than intrapsychic perspectives on psychopathology and conceptualization (Cooper, 1998). In the literature regarding defense mechanisms, there are several lists of defenses, organizing schemes or typologies including organization-based identification (Anna Freud, 1936/1966), types of reaction towards the threat (Verwoerd, 1972), and “direction” of the action in the defense (Ihilevich & Gleser, 1993). Despite many different fractionalizations in history, the common point of the contemporary psychoanalytic theory has been the organization of defense mechanisms based on developmental hierarchies from “primitive” or “immature” defenses to “complex” or “mature” defenses. According to the longitudinal and cross-sectional studies, developmentally hierarchical lines in defense mechanisms supported understanding, evaluating and conceptualizing the association between mental health status and the use of defense (Cramer, 1991, 2005, 2006; Cramer & Block, 1998; Vailant, 1992a, McWilliams, 2004; Ruuttu et al., 2006; Bond & Perry, 2004). In addition to these revisions in psychoanalytic theory, many researchers followed the conceptualization of Anna Freud's defense mechanism and considered the advocacy as the main features of the adaptive ego function and the formation of the concept of self (Hentschel et al., 2004; Vailant, 1992a, 2000; Cramer, 1991, 2000).

George Eman Vailant (1993) evaluated the ego as “the integrated brain” which had bonds between limbic system and executive functioning in frontal cortex. He has interpreted it as follows: “conveys the mind’s capacity to integrate inner and outer reality, to blend past and present, and to synthesize ideas with feelings” (p.7). Ego functioning in modern psychoanalytic theory is used in terms of defining the capacities of mental and emotional functioning which are related to mental health.

Vailant (1977) contributed in differentiating a developmental hierarchy of defenses and he indicated the horizontal and vertical models together and formed a developmental model in terms of maturity level in defense mechanisms. This hierarchical model was interpreting second hierarchy based upon the level of pathology. According to his first book *Adaptation to Life* (1977), the lowest levels of defense are observed in psychotic patients who present severe pathology, delusional protection, or indeed distortions or denial. The process level of defenses is grouped at three levels (Hentschel et al. 2004; p. 7,8);

- Immature defense mechanism: projection, schizoid fantasy, hypochondriasis, passive aggression, acting out, dissociation, denial, distortion, delusional projection
- Neurotic defense mechanisms: mentalization, repression, reaction formation, displacement, dissociation, and isolation.
- Mature defense mechanisms: altruism, anticipation, sublimation, humor and suppression.

A forty-year long-term study with healthy male participants showed that neurotic and immature defenses were not associated with psychopathology but were associated with normal adaptation to vital difficulties. In addition, it showed that older ages did not have lower defense mechanisms and that the decrease in the level of defense mechanism was related to life adaptation associated with work, love, health, recreation and self-esteem. The Valiant's concerns were the same as Anna Freud in terms of both chronological development and thinking about the defenses along the adaptive pathological continuum. According to Vailant's model of defense mechanisms, defenses can be regarded as self-deception because the ego function supports the body's immune system, protects it against potential dangers such as mental vulnerability and negative emotions; so that the blood cells can act to eliminate the infections. In this condition, defenses can be assessed in normal and adaptive terms. For instance; a person can face with non-controllable difficult situations under specific conditions; and using the defenses will serve as an alleviator for anxiety and distress; and thus, the mind can deflect the problem.

Like Vailant (1997), Nancy McWilliams (1994, 1999) evaluated defense mechanisms on the basis of the matureness of the reality principle during developmental process of the individual. McWilliams categorized the defense mechanisms as primitive defenses and secondary defenses. Primitive defense mechanisms are conceptualized as a distortion in external reality with the magical sides of defenses. On the other hand, secondary defense mechanisms are considered as more sophisticated, involved processes in anxiety situations, and disturb the reality to adapt to situations causing anxiety. While primitive defenses are listed as primitive withdrawal, denial, omnipotent control, primitive idealization, devaluation, projection, introjection, projective identification, and splitting, secondary defenses can be listed as regression, isolation, rationalization, moralization, undoing, reaction formation, turning against the self, compartmentalization, displacement, sexualization, sublimation and identification (McWilliams, 1994). According to McWilliams, differences between primitive and secondary defense mechanisms are the facts that primitive defenses are related to boundaries among self and the outer world whereas secondary defenses are related to boundaries between the ego and superego.

Ruutu et al. (2006) conceptualized the defense mechanisms in four dimensions; mature mechanisms, neurotic mechanisms, image distorting mechanisms, and immature mechanisms. According to this conceptualization, mature defenses, which involve rationalization and anticipations, depend on individual's capacity of dealing with conflictual emotions while they are seeking for psychological balance. Reaction formation and pseudo-altruism can be evaluated as neurotic defenses that provide short-term advantages, but the problem may last much more than distressing situations. Image distorting defenses can be listed as dissociation and devaluation which are based on distorting the reality to avoid conflictual emotions and helping individuals to manipulate the reality. Lastly, immature defenses are projection and displacement that depend on liquidation of need to deal with conflict.

Consequently, Freud's discovery of defense mechanism give opportunity to examine the importance of these mechanism in human psychology. Although categorization of defense mechanisms is still debate today, it can be clearly observed that there is an agreement about the definition and function of defense mechanism among researchers and psychoanalysts.

1.5.2. Relationship between Attachment Styles and Defense Mechanisms

Defenses play an important role in the attachment theory (Bowlby, 1980, George, Kaplan, & Main, 1984, 1996; George, & West, 2001). Bowlby (1980) indicated defense mechanism as vital for attachment. According to Bowlby (1980) the attachment system was activated when the caregiver was not available, and the caregiver's responses were inadequate. He indicated that distressing information would be excluded from awareness (deactivation), and the effect would be separated from the source of distress (cognitive disconnection). Bowlby hypothesized that deactivation was related to repression, and cognitive disconnection was related to splitting defenses.

Later, empirical studies investigated the relationship between attachment styles and defense strategies. For example, Finzy and his colleagues (2002) conducted a study with children with psychological problems who were physically abused. These children showed avoidant attachment styles and used mostly immature defense mechanisms such as denial, splitting, isolation, projection and identification with the aggressor. Similarly, Kalamatianos (2013) carried out a study on defense mechanism and attachment patterns of 36 adult participants who were diagnosed with borderline personality disorder. The results showed that all participants had high scores on insecure attachment styles. Moreover, participants with borderline personality disorder used neurotic and immature defenses more than non-diagnosed ones, but they did not differ with respect to mature defenses.

Moreover, the findings of Kalamatianos (2013) showed that correlation between attachment styles and defense styles were found among all styles except of the mature defense styles. Mature defense styles did not show a significant correlation with attachment styles.

In a study on the attachment styles, Alexithimia and the mediating role of defense mechanisms, Besharat and Khajavi (2013) found that the relationship between attachment styles and Alexithymia was affected by defense mechanisms. Similarly, Prunas, Di Pierro, Huemer and Tagini (2019) examined the association between defense mechanisms and adult attachment styles. Their study showed that immature defense styles were associated with insecure attachment styles. In their results, splitting and repression emerged as the mechanisms that characterize the avoidant dimensions of insecure attachment styles, whereas anxious dimensions of insecure attachment had significant relationships with projection and fantasy defense mechanisms.

In Turkey, Ugur (2014) investigated the mediating role of affect regulation on the relationship between attachment styles and five defense mechanisms (turning against object, projection, principalization, turning against self, and reversal. Participants, 87 undergraduate students, were divided into three groups of attachment style (anxious/ambivalent, avoidant, and secure). The study showed that there were significant relationships between defense mechanisms (turning against the self, reversal, principalization) and attachment styles. Moreover, findings of this study showed that the relationship between defense mechanisms and attachment styles was explained by only negative mood expectancy for reversal and principalization defense mechanisms.

In addition, the study by Akekmekci (2015) investigated the relationship between internalized homonegativity, psychological well-being and level of preferred defense style among LGB individuals in Turkey. The results of this study showed significant moderator models in case of decreasing the level of immature

defenses; and participants with higher levels of internalized homonegativity received more benefits for wellbeing. Moreover, participants who reported higher level of social support and less reliance of immature defense styles display higher level of well-being.

In addition, Soy (2015) investigated the relationship between attachment styles and defense mechanisms among the patients with major depressive disorder. The findings of this study revealed that attachment-related anxiety and avoidance were increased when the levels of immature and neurotic defense styles were high. These findings were significant especially for undoing (neurotic defense style) and projection, passive aggression, devaluation, splitting and somatization (immature defense styles).

In the light of the mentioned theories and researches about defense mechanisms, it can be argued that these studies on the nature and functions of defense mechanisms are well-established and the defense mechanisms are generally defined as automatically used psychological processes against internal or/and external threat (McWilliams, 1994).

1.6. Purpose of Study

In the literature regarding psychology, minority stress theory has emphasized that LGB individuals are not only affected by stress, but are also affected by other social conditions such as stigma and prejudice directly and indirectly (Allport, 1954; Crocker, Major, and Steele, 1998; Link and Phelan, 2001). However, the associations among the attachment patterns of LGB individuals have not been well understood (Jellison & McConnell, 2004; Malyon, 1982; Gonsiorek, 1995; Nicholos & Long, 1990; Stokes & Peterson, 1998; Pharr, 1988; Shidlo, 1994). The relations between attachment styles and LGB identity development were also very ambiguous in previous studies. The purpose of the present study is to investigate the associations between LGB identity development, and attachment styles and defense mechanisms of LGB individuals.

1.6.1. Hypotheses of the Present Study

Based on the literature review, the hypotheses of the current study are as follows:

1. Insecure attachment styles (fearful, dismissing, and preoccupied) will be positively associated with negative subscale of the LGBIS (Acceptance Concerns, Internalized Homonegativity, and Difficult Process).
2. Secure attachment style will be negatively associated with negative subscale of the LGBIS.
3. Insecure attachment styles and negative subscales of the LGBIS will be positively associated with immature defense use.
4. Secure attachment style will be negatively correlated with immature defense use.

2. METHOD

2.1.Participants

Participants were 158 LGBTI individuals consisting of 49 females (31%), 100 males (63.3%) and 9 from other genders (queer, trans, non-binary etc.) (5.7%). Participants were aged between 19-32 years old ($M=27.1$, $SD=6.099$). Female participants were aged between 20-32 years old ($M=27.02$, $SD=6.223$), male participants were aged between 19-30 years old ($M=27.37$, $SD=5.533$), and other participants were aged between 20-30 years old ($M=25.11$, $SD=5.333$). Sexual orientations of the participants were 35 bisexuals (22.2%), 113 homosexuals (71.5%), and 10 others (pansexual and cross) (6.3%). Education levels of the participants were high school degree in 27.8% ($n=44$), university degree in 49.4% ($n=78$), Master of Science/Doctor of Philosophy degree in 20.9% ($n=33$) and others in 1.9% ($n=3$). 84.8% ($n=134$) had siblings and others did not. 49.4% had an ongoing relationship and others did not. 45% ($n=10$) of bisexual participants, who had an ongoing relationship, had female partners and 54.5% (12) had male partners. 28.3% ($n=15$) of homosexual participants, who had an ongoing relationship, had female partners and 71.7% ($n=38$) had male partners. 33.3% ($n=1$) of the other sexually oriented participants, who had an ongoing relationship, had female partners, and 66.7% ($n=2$) of them had male partners. 76.9% ($n=60$) of the participants, who had an ongoing relationship, defined their relationship states as lovers, 10.3% ($n=8$) defined their relationship states as spouses, 5.1% ($n=4$) defined their relationship states as flirts, and 7.7% ($n=6$) defined their relationship states as open relationships. 52.5% ($n=83$) of the participants had psychological/psychiatric consultations and others did not have. 42.4% ($n=67$) of the participants were using psychiatric drugs.

2.2.Measures

Demographic Information Form (Appendix C), Lesbian, Gay, and Bisexual Identity Scale (LGBIS) (Appendix D), Relationship Style Questionnaire (RSQ) (Appendix E), and Defense Style Questionnaire (DSQ) (Appendix F) were used in this study.

2.2.1. Demographic Information Form

The demographic information form consisted of questions about age, gender, sexual orientation, attachment patterns and relation-based questions.

2.2.2. Lesbian, Gay and Bisexual Identity Scale (LGBIS)

Mohr and Kendra (2011) revised and extended Lesbian, Gay and Bisexual Identity Scale from Lesbian and Gay Identity Scale (LGIS; Mohr & Fassinger, 2000). The LGBIS is a 6-point Likert scale including 27 items (1=strongly disagree to 6= strongly agree). The LGBIS has eight subscales: Acceptance Concerns (feeling distress about the possible stigmatization situation or condition), Concealment Motivation (cautious attitude towards protecting privacy as an LGB individual), Identity Affirmation (recognition of LGB identity), Identity Uncertainty (ambiguity about sexual identity), Internalized Homonegativity (rejection of LGB identity), Difficult Process (perception of LGB identity developmental difficulties), Identity Superiority (point of view about favoring LGB identity over heterosexual individuals), and Identity Centrality (viewing LGB identity as integral to overall identity). As the result, each subscale is obtained via dividing the total subscale score by the number of items in that subscale. As a result, each subscale has a score ranging from 1 to 7 (Mohr and Kendra, 2011).

In the validity study for the LGBIS subscales, Mohr and Kendra (2011) found that Acceptance Concerns, Internalized Homonegativity, and Difficult Process were positively associated with negative psychosocial functioning such as guilt, fear, hostility, and sadness. On the other hand, identity affirmation showed a lower level of negative psychosocial functionality and higher level of life satisfaction and self-esteem in their study. In addition, the concealment motivation subscale was found to be negatively correlated with being outside. The Cronbach's alpha estimates for the LGBIS subscales ranged from 0.72–0.94, and 6-week test-retest correlation coefficients ranged between 0.70–0.92 (Mohr & Kendra, 2011).

Turkish adaptation study of the LGBIS was conducted by Kemer, Toplu-Demirtas, and Ummak (2016). The internal consistency of each subscale of the

LGBIS was at a good level and Cronbach's alpha coefficients were generally above 0.70 except for Concealment Motivation (0.58) and Identity Superiority (0.60).

2.2.3. Defense Style Questionnaire (DSQ)

Andrew, Singh and Bond (1993) developed the Defense Style Questionnaire (DSQ). Defense Styles Questionnaire is a 7-point Likert type questionnaire consisting of 40 items. This scale evaluates the reflections of unconscious defense mechanisms at the level of consciousness. DSQ evaluates 20 different types of defense styles and these 20 defenses are collected under three dimensions that are mature, neurotic and immature defense styles. Immature defense style includes 12 different types of defense mechanism that are acting out, denial, devaluation, displacement, dissociation, autistic fantasy, isolation, passive aggression, projection, rationalization, somatization, and splitting. Neurotic defense style includes 4 different defense mechanisms that are pseudo-altruism, idealization, reaction formation, and undoing. Last 4 defense mechanisms which are sublimation, humor, anticipation and suppression are listed as mature defense styles. The internal consistency coefficients of DSQ were found to be .68, .58, .80 for immature, neurotic, and mature defense styles (Andrews, Singh & Bond, 1993). The test-retest reliability values were found 0.75 for mature defense styles, 0.75 for neurotic defense styles and 0.85 for immature defense styles (Andrews, Singh & Bond, 1993). Each subscale is obtained by sum of the items in its own subscale.

Yilmaz, Gencoz and Ak (2007) conducted the adaptation study of Defense Style Questionnaire (DSQ) for Turkish population. According to this study, internal consistencies of the Turkish version of immature, neurotic, and mature defense styles were found to be 0.82, 0.72 and 0.60. The Cronbach's alpha coefficients for three subscales of the DSQ as 0.57 for mature defense styles, 0.49 for neurotic defense styles and 0.81 for immature defense styles in the present sample.

2.2.4. Relationship Styles Questionnaire (RSQ)

The Relationship Styles Questionnaire was developed by Bartholomew and Griffin (1994). RSQ can be expressed in terms of general orientations to bring relationships, romantic relationships, or orientations closer to a relationship. It can also be rewarded in the third person and used to rate others' attachment patterns. The participants responded to the items using a Likert-type scale ranging from 1 (not like me at all) to 7 (too much like me). Each subscale is obtained via dividing the total subscale score by the number of items in that subscale. As a result, each subscale has a score ranging from 1 to 7 (Bartholomew and Griffin, 1994). In the reliability stud of RSQ, Cronbach's alpha values of the subscales ranged between 0.41 to 0.71. Although internal consistency reliability values were low, acceptable level of test-retest reliability (0.53 for females and 0.49 for males) were found by Bartholomew and Griffin (1994).

Turkish adaptation of Relationship Styles Questionnaire (RSQ) was conducted by Sumer and Gungor in 1999. The Turkish version of RSQ has a satisfactory level of validity and reliability. Sumer et al. (2006) conducted a design in order to compare attachment styles between USA and Turkish cultures. The Cronbach's alphas for the Turkish version of RSQ ranged from 0.27 to 0.61. According to Sümer and Güngör (1999); these serial studies have demonstrated that RSQ has a satisfactory level of validity, reliability, and stability.

2.3. Procedure

The ethical approval of the present study was obtained from Istanbul Bilgi University Ethics Committee before the collection of data (Appendix A). The data were collected via online questionnaires. Information about the purpose of present study was given before the application of demographic form and questionnaire forms. Participants were informed about the confidentiality of data collection, and the data were collected anonymously. Participants were also informed after completing all questionnaires. All questionnaires could be completed within approximately 15-20 minutes.

2.4. Data Analysis Plan

In the following section, data analyses were conducted by using SPSS version 21. Shapiro-Wilk Normality Test was carried out for the continuous variables and revealed that subscale scores of Defense Style Questionnaire, which are Mature Defense Style, Neurotic Defense Style and Immature Defense Style, showed normal distribution. The scores of the subscales of Lesbian, Gay and Bisexual Identity Scale, which are Acceptance Concerns, Concealment Motivation, Identity Uncertainty, Internalized Homonegativity, Difficult Process, Identity Superiority, Identity Affirmation and Identity Centrality, were normally distributed.

The scores of the subscales of Relationship Styles Questionnaire, which are Secure Attachment, Dismissing Attachment and Preoccupied Attachment, were distributed normally whereas Fearful Attachment was not. Still Skewness-Kurtosis values were found to be between -1.5 and 1.5; so that, all scores were accepted as normally distributed according to the suggestions by Tabachnick and Fidell (2013). Therefore, Pearson correlation was used to calculate correlations between continuous variables. For the comparisons of mean scores between the groups, t test and one-way ANOVA were conducted. Multiple Regression Analysis (Stepwise Regression Analysis) was used to better explain the effects of independent variables (attachment styles and defense style) on the dependent variables (acceptance concern and difficult process). The results were evaluated with a confidence interval of 95% and a significance level of $p < 0.05$.

3. RESULTS

In this section, first the descriptive statistics for study variables are presented. Second, analyses conducted to test study hypotheses are discussed.

3.1.Descriptive Statistics

3.1.1. LGBIS: Descriptive Statistics and Associations with Demographics

Internal consistency (Cronbach's alpha) was calculated for all the LGBIS subscales. The Cronbach's alpha coefficients for the eight subscales of the LGBIS are as follows: 0.79 for acceptance concern, 0.64 for concealment motivation, 0.77 for identity uncertainty, 0.79 for internalized homonegativity, 0.71 for difficult process, 0.77 for identity superiority, 0.88 for identity affirmation and 0.77 for identity centrality.

Means, standard deviations, maximum and minimum scores of the LGBIS are presented in Table 1. Comparison of the mean scores of LGBIS subscales based on demographic variables (gender, sexual orientation, relationship status and treatment status) and the results of one-way analysis of variance were presented in tables below.

Analysis of variance revealed that there were no significant differences in the mean scores of the LGBIS subscales based on demographic variables (gender and sexual orientation). Analysis of variance revealed that there were no significant differences between mean scores Acceptance Concern [$F(158) = 2.172$; $p=0.117$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Concealment Motivation [$F(158) = 0.673$; $p=0.512$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Identity Uncertainty [$F(158) = 0.899$; $p=0.409$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Internalized Homonegativity [$F(158) = 0.624$; $p=0.537$] based gender as a demographic variable. Analysis of variance revealed that there

were no significant differences between mean scores Difficult Process [$F(158) = 1.933$; $p=0.148$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Identity Superiority [$F(158) = 0.901$; $p=0.408$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Identity Affirmation [$F(158) = 2.315$; $p=0.252$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Identity Centrality [$F(158) = 1.234$; $p=0.294$] based gender as a demographic variable.

Table 1: Descriptive Statistics for the Lesbian, Gay and Bisexual Identity Scale

	M	SD	Min	Max	α
Acceptance Concerns	12.97	3.41	3	21	.79
Concealment Motivation	12.91	4.87	3	21	.64
Identity Uncertainty	7.48	4.95	4	26	.77
Internalized Homonegativity	6.93	5.14	3	21	.79
Difficult Process	8.06	4.83	3	21	.71
Identity Superiority	8.31	5.04	3	21	.77
Identity Affirmation	15.18	5.57	3	21	.88
Identity Centrality	19.56	7.76	5	35	.77

Analysis of variance revealed that there were no significant differences between mean scores Acceptance Concern [$F(158) = 0.271$; $p=0.763$] based sexual orientation as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Concealment Motivation [$F(158) = 1.635$; $p=0.298$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Identity Uncertainty [$F(158) = 0.187$; $p=0.830$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Internalized Homonegativity [$F(158) = 0.455$; $p=0.635$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Difficult Process [$F(158) = 0.351$;

p=0.704] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Identity Superiority [F (158) = 2.901; p=0.158] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Identity Affirmation [F (158) = 0.576; p=0.563] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores Identity Centrality [F (158) = 2.593; p=0.178] based gender as a demographic variable.



Table 2. Mean scores of LGBIS subscales based on Gender and the results of one-way ANOVA

	Gender	N	Mean	SD	F	p	Tukey
Acceptance Concerns	Male	49	13.25	3.22	2.172	.117	
	Female	100	12.18	3.82			
	Other	9	14.11	2.47			
Concealment Motivation	Male	49	12.57	5.35	.673	.512	
	Female	100	13.47	3.89			
	Other	9	12.91	3.93			
Identity Uncertainty	Male	49	7.64	5.38	.899	.409	
	Female	100	7.55	4.53			
	Other	9	5.33	2.23			
Internalized Homonegativity	Male	49	7.22	5.53	.624	.537	
	Female	100	6.61	4.56			
	Other	9	5.44	3.43			
Difficult Process	Male	49	8.21	5.15	1.933	.148	
	Female	100	8.31	4.37			
	Other	9	5.00	3.43			
Identity Superiority	Male	49	7.90	4.90	.901	.408	
	Female	100	9.04	5.30			
	Other	9	8.89	5.25			
Identity Affirmation	Male	49	14.47	5.97	2.315	.252	
	Female	100	16.27	4.70			
	Other	9	17.11	4.28			
Identity Centrality	Male	49	18.82	8.11	1.234	.294	
	Female	100	20.86	6.73			
	Other	9	20.67	8.73			

Table 3. Mean scores of LGBIS subscales based on Sexual Orientation and the results of one-way ANOVA

	Sexual Orientation	N	Mean	SD	F	p	Tukey
Acceptance Concerns	Bisexual	35	13.06	3.75	.271	.763	
	Homosexual	113	13.01	3.25			
	Other	10	12.20	4.13			
Concealment Motivation	Bisexual	35	13.51	4.42	1.635	.298	
	Homosexual	113	12.53	5.01			
	Other	10	15.10	4.33			
Identity Uncertainty	Bisexual	35	7.03	4.26	.187	.830	
	Homosexual	113	7.60	5.15			
	Other	10	7.70	4.33			
Internalized Homonegativity	Bisexual	35	6.20	4.06	.455	.635	
	Homosexual	113	7.12	5.44			
	Other	10	7.30	5.25			
Difficult Process	Bisexual	35	7.49	3.48	.351	.704	
	Homosexual	113	8.26	5.17			
	Other	10	7.80	5.25			
Identity Superiority	Bisexual	35	10.06	5.63	.2.901	.158	
	Homosexual	113	7.88	4.81			
	Other	10	7.00	4.49			
Identity Affirmation	Bisexual	35	15.86	5.04	.576	.563	
	Homosexual	113	15.09	5.67			
	Other	10	13.80	6.47			
Identity Centrality	Bisexual	35	20.91	7.31	2.593	.178	
	Homosexual	113	18.77	7.92			
	Other	10	23.70	5.67			

*p< .05

Also, t-test analyses were performed to see the relationship status and psychological consultation make difference in terms of the LGBIS subscales. The results of t-test analysis revealed that there was not a significant difference in the

scores of the LGBIS subscales based on relationship status and psychological/psychiatric consultation.

The results of t-test analysis showed that there was not a significant difference in scores of Acceptance Concern based on having a relationship (MD= 13.04, SD= 3.55) and not having a relationship (MD= 12.90, SD= 3.29) conditions $t(156) = 0.254$, $p = 0.800$). The results of t-test analysis showed that there was not a significant difference in scores of Concealment Motivation based on having a relationship (MD= 13.15, SD= 4.37) and not having a relationship (MD= 12.68, SD= 5.32) conditions $t(156) = 0.61$, $p = 0.538$). The results of t-test analysis showed that there was not a significant difference in scores of Identity Uncertainty based on having a relationship (MD= 8.00, SD= 5.37) and not having a relationship (MD= 6.98, SD= 4.49) conditions $t(156) = 1.302$, $p = 0.195$). The results of t-test analysis showed that there was not a significant difference in scores of Internalized Homonegativity based on having a relationship (MD= 6.93, SD= 4.95) and not having a relationship (MD= 6.95, SD= 5.35) conditions $t(156) = -0.048$, $p = 0.961$). The results of t-test analysis showed that there was not a significant difference in scores of Difficult Process based on having a relationship (MD= 8.09, SD= 4.93) and not having a relationship (MD= 8.03, SD= 4.77) conditions $t(156) = 0.084$, $p = 0.933$). The results of t-test analysis showed that there was not a significant difference in scores of Identity Superiority based on having a relationship (MD= 8.76, SD= 5.26) and not having a relationship (MD= 7.88, SD= 4.82) conditions $t(156) = 1.098$, $p = 0.274$). The results of t-test analysis showed that there was not a significant difference in scores of Identity Affirmation based on having a relationship (MD= 15.54, SD= 5.32) and not having a relationship (MD= 14.83, SD= 5.83) conditions $t(156) = 0.803$, $p = 0.423$). The results of t-test analysis showed that there was not a significant difference in scores of Identity Centrality based on having a relationship (MD= 19.77, SD= 7.86) and not having a relationship (MD= 19.35, SD= 7.69) conditions $t(156) = 0.339$, $p = 0.735$).

Table 4: Means and Standard Deviations of LGBIS subscales based on Relationship Status and the results of t-test Analysis

	Relationship Status	N	Mean	SD	Group Differenc e T
Acceptance Concerns	Yes	83	13.04	3.55	.044
	No	75	12.90	3.29	
Concealment Motivation	Yes	83	13.15	4.37	8.52
	No	75	12.68	5.32	
Identity Uncertainty	No	83	8.00	5.37	1.187
	Yes	75	6.98	4.49	
Internalized Homonegativity	Yes	83	6.91	4.95	.709
	No	75	6.95	4.77	
Difficult Process	Yes	83	8.09	5.26	.152
	No	75	8.03	4.82	
Identity Superiority	Yes	83	8.76	5.26	.913
	No	75	7.88	54.82	
Identity Affirmation	Yes	83	15.54	5.32	1.425
	No	75	14.83	5.83	
Identity Centrality	Yes	83	19.77	7.86	.000
	No	75	19.35	7.69	

*p< .05

The results of t-test analysis showed that there was not a significant difference in scores of Acceptance Concern based on have get a psychological consultation (MD= 12.83 , SD= 3.80) and have not get psychological consultation (MD= 13.12, SD= 2.93) conditions $t(153) = -0.530$, $p = 0.597$). The results of t-test analysis showed that there was not a significant difference in scores of Concealment Motivation based on have get a psychological consultation (MD= 13.19, SD= 4.52) and have not get psychological consultation (MD= 12.60, SD= 5.24) conditions $t(153) = 0.763$, $p = 0.450$). The results of t-test analysis showed that there was not a significant difference in scores of Identity Uncertainty based on have get a psychological consultation (MD= 8.13, SD= 5.15) and have not get psychological consultation (MD= 6.76, SD= 4.66) conditions $t(153) = 1.748$, $p = 0.153$). The results of t-test analysis showed that there was not a significant

difference in scores of Internalized Homonegativity based on have get a psychological consultation (MD= 6.90, SD= 4.89) and have not get psychological consultation (MD= 6.96, SD= 5.43) conditions $t(153) = -0.069$, $p = 0.590$). The results of t-test analysis showed that there was not a significant difference in scores of Difficult Process based on have get a psychological consultation (MD= 8.24, SD= 4.91) and have not get psychological consultation (MD= 7.85, SD= 4.77) conditions $t(153) = 0.502$, $p = 0.825$). The results of t-test analysis showed that there was not a significant difference in scores of Identity Superiority based on have get a psychological consultation (MD= 8.41, SD= 5.07) and have not get psychological consultation (MD= 8.20, SD= 5.04) conditions $t(153) = 0.260$, $p = 0.987$). The results of t-test analysis showed that there was not a significant difference in scores of Identity Affirmation based on have get a psychological consultation (MD= 15.19, SD= 5.66) and have not get psychological consultation (MD= 15.16, SD= 5.52) conditions $t(153) = 0.037$, $p = 0.793$). The results of t-test analysis showed that there was not a significant difference in scores of Identity Centrality based on have get a psychological consultation (MD= 19.96, SD= 7.90) and have not get psychological consultation (MD= 19.11, SD= 7.62) conditions $t(153) = 0.692$, $p = 0.713$).

Table 5: Means and Standard Deviations of LGBIS subscales based on Psychological Consultation and the results of t-test Analysis

	Psychological Consultation	N	Mean	SD	Group Difference T
Acceptance Concerns	Yes	83	12.83	3.80	-.530
	No	75	13.12	2.93	
Concealment Motivation	Yes	83	13.19	4.52	.763
	No	75	12.60	5.24	
Identity Uncertainty	No	75	8.13	5.15	1.748
	Yes	83	76.76	4.66	
Internalized Homonegativity	Yes	83	6.90	4.89	-.069
	No	75	6.96	5.43	
Difficult Process	Yes	83	8.24	4.91	.502
	No	75	8.20	4.77	
Identity Superiority	Yes	83	8.41	5.07	.260
	No	75	8.20	5.04	
Identity Affirmation	Yes	83	15.19	5.66	.037
	No	75	15.16	5.52	
Identity Centrality	Yes	83	19.96	7.90	.692
	No	75	19.11	7.62	

*p< .05

3.1.2. RSQ: Descriptive Statistics and Associations with Demographics

Internal consistency (Cronbach's alpha) was calculated for the RSQ scores. The reliability analysis revealed that Cronbach's alpha coefficients for four subscales of the RSQ as 0.43 for secure attachment, 0.25 for fearful attachment, 0.28 for preoccupied attachment, and 0.63 for dismissing attachment in the present sample. Percentage of different attachment styles of the participants were presented in Table 6.

Table 6. Frequency distributions and percentages of attachment styles

Attachment Style	N	%
Secure	39	24.7
Fearful	30	19.0
Dismissing	44	27.8
Preoccupied	45	28.5
Total	158	100.0

In the analysis, RSQ subscale scores were treated as continuous variables, which is consistent with existing literature (Sümer and Güngör, 1999; Bartholomew and Griffin, 1994). Descriptive statistics for the Relationship Style Questionnaire were presented in Table 7 (demonstrating mean scores, standard deviations, minimum, and maximum scores). Comparison of the mean scores of RSQ subscales based on demographic variables (gender, sexual orientation, relationship status and treatment status) and the results of one-way analysis of variance were presented in tables below.

Analysis of variance revealed that there were no significant differences in the mean scores of RSQ subscales based on demographic variables (gender and sexual orientation). Analysis of variance revealed that there were no significant differences between mean scores of secure attachment styles [$F(158) = 0.863$; $p=0.424$] based on gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores of fearful attachment styles [$F(158) = 1.896$; $p=0.154$] based on gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores of dismissing attachment styles [$F(158) = 0.793$; $p=0.453$] based on gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores of preoccupied attachment styles [$F(158) = 0.339$; $p=0.713$] based on gender as a demographic variable.

Table 7. Descriptive Statistics for the Relationship Styles Questionnaire (RSQ)

	M	SD	Min	Max	α
Secure Attachment	4.15	1.08	1	7	.43
Fearful Attachment	4.06	1.36	1	7	.25
Dismissing Attachment	4.47	1.03	2	7	.63
Preoccupied Attachment	4.49	1.13	2	7	.28

Table 8: Mean scores of RSQ subscales based on Gender and the results of one-way ANOVA

	Gender	N	Mean	SD	F	p
Secure Attachment	Male	49	4.07	1.17	.863	.424
	Female	100	4.32	1.04		
	Other	9	4.11	1.04		
Fearful Attachment	Male	49	4.13	1.32	1.896	.154
	Female	100	3.80	1.37		
	Other	9	4.67	1.53		
Dismissing Attachment	Male	49	4.38	1.00	.793	.453
	Female	100	4.49	1.05		
	Other	9	4.84	1.19		
Preoccupied Attachment	Male	49	4.39	1.16	.339	.713
	Female	100	4.54	1.01		
	Other	9	4.39	1.49		

*p< .05

Analysis of variance revealed that there were no significant differences between mean scores secure attachment style [$F(158) = 0.272$; $p=0.762$] based sexual orientation as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores fearful attachment style [$F(158) = 0.723$; $p=0.487$] based sexual orientation as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores dismissing attachment style [$F(158) = 2.034$; $p=0.134$] based sexual orientation as a demographic variable. Analysis of variance revealed that there were

no significant differences between mean scores preoccupied attachment style [$F(158) = 1.926$; $p=0.149$] based sexual orientation as a demographic variable.

Also, a t-test was performed to see the relationship status and psychological consultation make difference in terms of RSQ subscales. The results of t-test analysis revealed that there was not a significant difference in the scores of RSQ subscales based on relationship status and psychological/psychiatric consultation.

The results of t-test analysis showed that there was not a significant difference in scores of secure attachment style based on having a relationship ($MD= 4.23$, $SD= 1.06$) and not having a relationship ($MD= 4.08$, $SD= 1.10$) conditions $t(156)= 0.826$, $p = 0.410$). The results of t-test analysis showed that there was not a significant difference in scores of fearful attachment style based on having a relationship ($MD= 3.96$, $SD= 1.49$) and not having a relationship ($MD= 4.16$, $SD= 1.22$) conditions $t(156)= -0.927$, $p = 0.355$). The results of t-test analysis showed that there was not a significant difference in scores of dismissing attachment style based on having a relationship ($MD= 4.50$, $SD= 1.05$) and not having a relationship ($MD= 4.45$, $SD= 1.01$) conditions $t(156)= 0.304$, $p = 0.762$). The results of t-test analysis showed that there was not a significant difference in scores of preoccupied attachment style based on having a relationship ($MD= 4.50$, $SD= 1.05$) and not having a relationship ($MD= 4.47$, $SD= 1.21$) conditions $t(156)= 0.191$, $p = 0.848$).

The results of t-test analysis showed that there was not a significant difference in scores of secure attachment style based on have get a psychological consultation ($MD= 4.19$, $SD= 1.16$) and have not get psychological consultation ($MD= 4.11$, $SD= 1.00$) conditions $t(156)= 0.422$, $p = 0.674$). The results of t-test analysis showed that there was not a significant difference in scores of fearful attachment style based on have get a psychological consultation ($MD= 4.03$, $SD= 1.46$) and have not get psychological consultation ($MD= 4.09$, $SD= 1.25$) conditions $t(156)= -0.260$, $p = 0.795$). The results of t-test analysis showed that there was not a significant difference in scores of dismissing attachment style based

on have get a psychological consultation (MD= 4.46, SD= 1.08) and have not get psychological consultation (MD= 4.49, SD= 0.97) conditions $t(156) = -0.185$, $p = 0.854$). The results of t-test analysis showed that there was not a significant difference in scores of preoccupied attachment style based on have get a psychological consultation (MD= 4.60, SD= 1.12) and have not get psychological consultation (MD= 4.36, SD= 1.13) conditions $t(156) = 1.366$, $p = 0.174$).



Table 9 Mean scores of RSQ subscales based on Sexual Orientation and the results of one-way ANOVA

	Sexual Orientation	N	Mean	SD	F	p
Secure Attachment	Bisexual	35	4.14	.98	.272	.762
	Homosexual	113	4.14	1.09		
	Other	10	4.40	1.39		
Fearful Attachment	Bisexual	35	4.02	1.34	.723	.487
	Homosexual	113	4.11	1.35		
	Other	10	3.58	1.50		
Dismissing Attachment	Bisexual	35	4.73	1.14	2.034	.134
	Homosexual	113	4.44	1.00		
	Other	10	4.04	.69		
Preoccupied Attachment	Bisexual	35	4.16	1.00	1.926	.149
	Homosexual	113	4.58	1.17		
	Other	10	4.58	.89		

*p< .05

Table 10: Means and Standard Deviations of RSQ subscales based on Relationship Status and the results of t-test Analysis

	Relationship Status	N	Mean	SD	Group Difference T
Secure Attachment	Yes	83	4.23	1.06	.010
	No	75	4.08	1.10	
Fearful Attachment	Yes	83	3.96	1.49	3.21
	No	75	4.16	1.22	
Dismissing Attachment	Yes	83	4.50	1.05	.154
	No	75	4.45	1.01	
Preoccupied Attachment	Yes	83	4.50	1.05	.405
	No	75	4.47	1.21	

*p<.05

Table 11: Means and Standard Deviations of RSQ subscales based on Psychological Consultation and the results of t-test Analysis

	Psychological Consultation	N	Mean	SD	Group Difference T
Secure Attachment	Yes	83	4.19	1.16	.422
	No	75	4.11	1.00	
Fearful Attachment	Yes	83	4.03	1.46	-.260
	No	75	4.09	1.25	
Dismissing Attachment	Yes	83	4.46	1.08	-.185
	No	75	4.49	.97	
Preoccupied Attachment	Yes	83	4.60	1.12	1.36
	No	75	4.36	1.13	

*p<.05

3.1.3. DSQ: Descriptive Statistics and Associations with Demographics

Internal consistency (Cronbach's alpha) was calculated for the DSQ scores. The reliability analysis revealed that Cronbach's alpha coefficients for three subscales of the DSQ as 0.57 for mature defense styles, 0.49 for neurotic defense styles and 0.81 for immature defense styles in the present sample.

Descriptive statistics for the Defense Style Questionnaire were presented in Table 2 (demonstrating mean scores, standard deviations, minimum, and maximum scores). Comparison of the mean scores of DSQ subscales based on demographic variables (gender and sexual orientation) and the results of one-way analysis of variance were presented in tables below. Analysis of variance revealed that there were no significant differences in the mean scores of DSQ subscales based on demographic variables (gender and sexual orientation).

Analysis of variance revealed that there were no significant differences between mean scores mature defense style [$F(158) = 0.388$; $p=0.679$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores neurotic defense style [$F(158) =$

0.441; $p=0.644$] based gender as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores immature defense style [$F(158) = 0.153$; $p=0.858$] based gender as a demographic variable.

Table 12: Descriptive Statistics for the Defense Style Questionnaire (DSQ)

	M	SD	Min	Max	A
Mature Defense Style	35.51	6.50	16	51	.57
Neurotic Defense Style	32.89	6.96	12	56	.49
Immature Defense Style	84.73	19.44	34	123	.81

Table 13: Mean scores of DSQ subscales based on Gender and the results of one-way ANOVA

	Gender	N	Mean	SD	F	p
Mature Defense Style	Male	49	85.96	19.12	.388	.679
	Female	100	83.78	20.09		
	Other	9	88.73	13.88		
Neurotic Defense Style	Male	49	32.45	6.74	.441	.644
	Female	100	33.45	7.10		
	Other	9	34.11	7.09		
Immature Defense Style	Male	49	35.69	7.29	.153	.858
	Female	100	35.33	6.16		
	Other	9	34.56	6.38		

* $p < .05$

Analysis of variance revealed that there were no significant differences between mean scores mature defense style [$F(158) = 1.055$; $p=0.351$] based sexual orientation as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores neurotic defense style [$F(158) = 0.055$; $p=0.947$] based sexual orientation as a demographic variable. Analysis of variance revealed that there were no significant differences between mean scores

immature defense style [$F(158) = 0.077$; $p=0.925$] based sexual orientation as a demographic variable.

Also, a t-test was performed to see the psychological consultation and relationship status make difference in terms of DSQ subscales. The results of t-test analysis revealed that there was not a significant difference in the scores of DSQ subscales based on psychological or psychiatric consultation. The results of t-test analysis revealed that there was not a significant difference in the scores of DSQ subscales based on relationship status and psychological/psychiatric consultation.

The results of t-test analysis showed that there was not a significant difference in scores of mature defense style based on having a relationship ($MD=35.12$, $SD=7.07$) and not having a relationship ($MD=35.90$, $SD=5.92$) conditions $t(156)=-0.757$, $p=0.450$). The results of t-test analysis showed that there was not a significant difference in scores of neurotic defense style based on having a relationship ($MD=33.29$, $SD=7.14$) and not having a relationship ($MD=32.50$, $SD=6.81$) conditions $t(156)=0.716$, $p=0.475$). The results of t-test analysis showed that there was not a significant difference in scores of immature defense style based on having a relationship ($MD=86.41$, $SD=18.73$) and not having a relationship ($MD=83.09$, $SD=20.09$) conditions $t(156)=1.074$, $p=0.284$).

The results of t-test analysis showed that there was not a significant difference in scores of mature attachment style based on have get a psychological consultation ($MD=35.36$, $SD=6.73$) and have not get psychological consultation ($MD=35.68$, $SD=6.29$) conditions $t(156)=-0.306$, $p=0.760$). The results of t-test analysis showed that there was not a significant difference in scores of neurotic attachment style based on have get a psychological consultation ($MD=32.77$, $SD=6.51$) and have not get psychological consultation ($MD=33.03$, $SD=7.48$) conditions $t(156)=-0.230$, $p=0.819$). The results of t-test analysis showed that there was not a significant difference in scores of immature attachment style based on have get a psychological consultation ($MD=84.14$, $SD=18.05$) and have not

get psychological consultation (MD= 85.37, SD= 20.98) conditions $t(156) = -0.396$, $p = 0.693$).



Table 14: Mean scores of DSQ subscales based on Sexual Orientation and the results of one-way ANOVA

	Sexual Orientation	N	Mean	SD	F	p
Mature Defense Style	Bisexual	35	87.80	3.38	1.055	.351
	Homosexual	113	84.37	1.81		
	Other	10	78.00	6.09		
Mature Defense Style	Bisexual	35	32.74	1.14	.055	.947
	Homosexual	113	32.99	.66		
	Other	10	32.30	2.34		
Mature Defense Style	Bisexual	35	35.31	1.25	.077	.925
	Homosexual	113	35.63	.58		
	Other	10	34.90	2.03		

*p< .05

Table 15: Means and Standard Deviations of DSQ subscales based on Relationship Status and the results of t-test Analysis

	Relationship Status	N	Mean	SD	Group Difference T
Mature Defense Style	Yes	78	35.12	7.07	1.21
	No	80	35.90	5.92	
Neurotic Defense Style	Yes	78	33.29	7.14	.169
	No	80	32.50	6.81	
Immature Defense Style	Yes	78	86.41	18.73	.378
	No	80	83.09	20.09	

*p< .05

Table 16: Means and Standard Deviations of DSQ subscales based on Psychological Consultation and the results of t-test Analysis

	Psychological Consultation	N	Mean	SD	Group Difference T
Mature Defense Style	Yes	75	84.14	18.05	-.396
	No	83	85.37	20.98	
Neurotic Defense Style	Yes	75	32.77	6.51	-.230
	No	83	33.03	7.48	
Immature Defense Style	Yes	75	35.36	6.73	-.306
	No	83	35.68	6.29	

*p<.05

3.2.Hypothesis Testing

In this section, associations between LGB identity development, attachment styles and defense mechanisms were explored using Pearson correlation analysis. Since there were no significant differences between study variables and demographic variables, gender, sexual orientation, partnership status and psychological consultation were not included in further analysis.

3.2.1. Comparison of LGBIS Scores and Attachment Styles

Pearson Correlations between the LGBIS and RSQ were presented in Table 18. Correlation analysis revealed that there was a significant and negative correlation between Secure Attachment and Difficult Process [$r_{(158)} = -.249$; $p = .002$]. There was a significant and positive correlation between Fearful Attachment and Acceptance Concerns [$r_{(158)} = .614$; $p = .000$]. There was a significant and positive correlation between Fearful Attachment and Difficult Process [$r_{(158)} = .158$; $p = .047$]. There was a significant and positive correlation between Dismissing Attachment and Acceptance Concerns [$r_{(158)} = .272$; $p = .001$]. There was a significant and negative correlation between Dismissing Attachment and Internalized Homo-negativity [$r_{(158)} = -.162$; $p = .042$]. There was a significant and positive correlation between Preoccupied Attachment and Acceptance Concerns [$r_{(158)} = .299$; $p = .000$]. There

was a significant and positive correlation between Dismissing Attachment and Concealment Motivation [$r_{(158)} = .192$; $p = .016$].

Table 17. Pearson Correlations between RSQ and LGBIS

	Secure Attachment	Fearful Attachment	Dismissing Attachment	Preoccupie d Attachment
Acceptance Concerns	-.059	.614**	.272**	.299**
Concealment Motivation	-.085	.108	-.120	.192*
Identity Uncertainty	-.031	.048	.126	-.022
Internalized Homonegativity	-.017	.064	-.162*	.121
Difficult Process	-.249**	.158*	.030	.149
Identity Superiority	-.027	.097	.103	.065
Identity Affirmation	.087	-.070	.133	-.058
Identity Centrality	-.049	.103	.054	.081

** . Correlation is significant at 0.01 level (2-tailed).

* . Correlation is significant at 0.05 level (2-tailed).

Consistent with our first hypothesis, the results revealed positive correlations between insecure attachment styles (fearful, dismissing, and preoccupied) and negative subscales of the LGBIS, particularly Acceptance Concern. This suggests that higher levels of Acceptance Concern are associated with insecure attachment styles. However, hypothesis 2 was not supported by these findings. Contrary to the second hypothesis, secure attachment style had no significant negative association with negative subscales of the LGBIS, except for Difficult Process.

3.2.2. Comparison of LGBIS Scores and DSQ Scores

Pearson Correlations between the LGBIS and DSQ were presented in Table 19. Correlation analysis revealed that there was a significant and positive correlation between Mature Defense Style and Acceptance Concerns [$r_{(158)} = .175$;

$p=.028$]. There was a significant and negative correlation between Mature Defense Style and Identity Uncertainty [$r_{(158)}=-.161$; $p=.044$]. Correlation analysis revealed that there was a significant and positive correlation between Neurotic Defense Style and Identity Uncertainty [$r_{(158)}=.170$; $p=.033$]. There was a significant and positive correlation between Neurotic Defense Style and Difficult Process [$r_{(158)}=.230$; $p=.004$]. Correlation analysis revealed that there was a significant and positive correlation between Immature Defense Style and Acceptance Concerns [$r_{(158)}=.248$; $p=.002$]. There was a significant and positive correlation between Immature Defense Style and Identity Superiority [$r_{(158)}=.204$; $p=.010$]. There was a significant and positive correlation between Immature Defense Style and Identity Centrality [$r_{(158)}=.175$; $p=.028$].

Table 18. Pearson Correlations between LGBIS and DSQ

	Mature Defense Styles	Neurotic Defense Styles	Immature Defense Styles
Acceptance Concerns	.175*	.133	.248**
Concealment Motivation	-.107	.121	.073
Identity Uncertainty	-.161*	.170	.075
Internalized Homonegativity	-.109	.080	-.084
Difficult Process	-.111	.230**	.022
Identity Superiority	.134	.058	.204*
Identity Affirmation	.147	.057	.085
Identity Centrality	.055	.080	.175*

** . Correlation is significant at 0.01 level (2-tailed).

* . Correlation is significant at 0.05 level (2-tailed).

Last of all, Pearson Correlations between DSQ's Immature Defense Style (Projection, Passive Aggression, Acting Out, Isolation, Devaluation, Autistic Fantasy, Denial, Displacement, Dissociation, Splitting, Rationalization, and Somatization) and the LGBIS were presented in Table 6. Correlation analysis

revealed that there was a significant and positive correlation between Immature Defense Style and Acceptance Concerns [$r_{(158)} = .248$; $p = .002$]. There was a significant and positive correlation between Immature Defense Style and Identity Superiority [$r_{(158)} = .204$; $p = .010$]. There was a significant and positive correlation between Immature Defense Style and Identity Centrality [$r_{(158)} = .175$; $p = .028$]. There was a significant and positive correlation between Projection and Acceptance Concerns [$r_{(158)} = .230$; $p = .004$]. There was a significant and positive correlation between Projection and Difficult Process [$r_{(158)} = .207$; $p = .009$]. There was a significant and positive correlation between Projection and Identity Centrality [$r_{(158)} = .207$; $p = .009$]. There was a significant and positive correlation between Passive Aggression and Acceptance Concerns [$r_{(158)} = .302$; $p = .000$]. There was a significant and positive correlation between Passive Aggression and Identity Superiority [$r_{(158)} = .250$; $p = .002$]. There was a significant and negative correlation between Acting Out and Homonegativity [$r_{(158)} = -.180$; $p = .024$]. There was a significant and positive correlation between Isolation and Acceptance Concerns [$r_{(158)} = .255$; $p = .001$]. There was a significant and positive correlation between Autistic Fantasy and Identity Centrality [$r_{(158)} = .259$; $p = .001$]. There was a significant and negative correlation between Denial and Concealment Motivation [$r_{(158)} = -.166$; $p = .037$]. There was a significant and negative correlation between Denial and Difficult Process [$r_{(158)} = -.190$; $p = .017$]. There was a significant and positive correlation between Denial and Identity Superiority [$r_{(158)} = .158$; $p = .047$]. There was a significant and positive correlation between Displacement and Acceptance Concerns [$r_{(158)} = .180$; $p = .024$]. There was a significant and positive correlation between Displacement and Identity Uncertainty [$r_{(158)} = .196$; $p = .014$]. There was a significant and positive correlation between Displacement and Identity Centrality [$r_{(158)} = .232$; $p = .003$]. There was a significant and negative correlation between Dissociation and Concealment Motivation [$r_{(158)} = -.231$; $p = .004$]. There was a significant and negative correlation between Dissociation and Difficult Process [$r_{(158)} = -.182$; $p = .022$]. There was a significant and positive correlation between Splitting and Acceptance Concerns [$r_{(158)} = .160$; $p = .045$]. There was a

significant and positive correlation between Splitting and Concealment Motivation [$r_{(158)} = .186$; $p = .019$].

Table 19: Correlational Analysis Between LGBIS and Immature Defense Style

	AC ¹	CM ²	IU ³	IH ⁴	DP ⁵	IS ⁶	IA ⁷	IC ⁸
Immature Defense	.248**	.073	.075	.084	.022	.204*	.085	.175*
Projection	.230**	.136	.128	.011	.207**	.074	-.070	.207**
Passive Aggression	.302**	.125	.071	.000	.145	.250**	.053	.113
Acting Out	.073	-.041	.056	-.180*	-.029	.089	.064	.148
Isolation	.255**	.101	.020	-.032	.020	.082	.020	.034
Devaluation	.109	.043	.102	-.078	.026	.131	.026	.040
Autistic Fantasy	-.019	.058	.045	-.058	-.003	.067	.074	.259**
Denial	.071	-.166**	-.128	-.081	-.190*	.158*	.118	.004
Displacement	.180*	.087	.196*	-.015	.127	.075	.035	.232**
Dissociation	.031	-.231**	-.015	-.060	-.182*	.086	.044	-.002
Splitting	.160*	.186*	-.124	-.017	-.100	.217**	.143	.079
Rationalization	.066	.105	.044	.004	-.014	.087	-.014	.041
Somatization	.104	.099	.070	-.043	.065	.035	.063	-.020

* $p < .05$; ** $p < .01$

1: Acceptance Concern, 2: Concealment Motivation, 3: Identity Uncertainty, 4: Internalized homonegativity, 5: Difficult Process, 6: Identity Superiority, 7: Identity Affirmation, 8: Identity Centrality

Based on these findings, the third hypothesis of the study was partially supported. Immature defense style was found to be positively correlated with only Acceptance Concerns subscale of the LGBIS.

3.2.3. Comparison of DSQ Scores and Attachment Styles

Pearson Correlations between DSQ and RSQ were presented in Table 20. Correlation analysis revealed that there was a significant and negative correlation between Secure Attachment and Immature Defense Style [$r_{(158)} = -.165$; $p = .038$]. This finding supports third hypothesis. Furthermore, there was a significant and positive correlation between Fearful Attachment and Immature Defense Style [$r_{(158)} = .389$; $p = .000$]. There was a significant and positive correlation between

Dismissing Attachment and Immature Defense Style [$r_{(158)} = .231$; $p = .003$]. There was a significant and positive correlation between Preoccupied Attachment and Immature Defense Style [$r_{(158)} = .201$; $p = .011$]. These findings are consistent with the fourth hypothesis. Additionally, correlation analysis revealed that there was a significant and positive correlation between Dismissing Attachment and Mature Defense Style [$r_{(158)} = .233$; $p = .003$]. Correlation analysis also revealed that there was a significant and positive correlation between Preoccupied Attachment and Neurotic Defense Style [$r_{(158)} = .199$; $p = .012$].

Table 20. Pearson Correlations between DSQ's subscales and RSQ

	Secure Attachment	Fearful Attachment	Dismissing Attachment	Preoccupied Attachment
Mature Defense Style	.062	.092	.233**	.070
Neurotic Defense Style	.134	.053	.049	.199*
Immature Defense Style	-.165*	.389**	.231**	.201*

** . Correlation is significant at 0.01 level (2-tailed).

* . Correlation is significant at 0.05 level (2-tailed).

These findings support the third hypothesis proposing a positive correlation between insecure attachment styles and immature defense use. Furthermore, the fourth hypothesis was also supported in that secure attachment style was significantly negatively associated with immature defense use.

3.2.4. Factors that Predict Acceptance Concern

Consistent with the hypotheses of the current study, further analyses were conducted with negative subscales of the LGBIS (dependent variables), attachment styles (secure, fearful, dismissing, and preoccupied) and immature defense use. Since Internalized Homonegativity had no relationship with immature defense use, it was excluded from the following regression analyses. Based on Pearson correlation analyses results, a stepwise multiple regression analysis was carried out with acceptance concern as the dependent variable and fearful attachment style, preoccupied attachment style, dismissing attachment style, mature defense styles, and immature defense styles as independent variables. A summary of the models generated by the stepwise regression procedure is presented in Table 16. In the final model, explaining approximately 45% of the variance of acceptance concern, three of the variables entered the equation that are Fearful attachment style, Preoccupied attachment style and Dismissing attachment style. In the first model, fearful attachment predicts the variance of acceptance concern significantly and over other variables (R^2 change = .37). The preoccupied attachment style entered the equation as the second strongest predictor (R^2 change = .046). And the last step, dismissing attachment style entered the model, resulting in the cumulative R^2 of 44%.

The regression coefficients and standardized beta values are presented in Table 17. The further inspection of regression model suggested that fearful attachment style ($\beta=.614, p<.005$), preoccupied attachment style ($\beta=.217, p<.005$) and dismissing attachment style ($\beta=.197, p<.005$) increased the acceptance concern scores of LGB individuals.

Table 21. Model of summary of Stepwise Regression Analysis

Model	R	R ²	Adjusted R ²	SE of the Estimate	R ² Change	F Change	df1	df2
1	.614 ^a	.378	.374	2.70	.378	94.62	1	156
2	.651 ^b	.424	.416	2.60	.046	12.35	1	155
3	.670 ^c	.448	.438	2.56	.025	6.92	1	154

a.Predictor: (Constant) Fearful Attachment Style

b.Predictor. (Constant) Fearful Attachment Style, Preoccupied Attachment Styles

c.Predictor: (Constant) Fearful Attachment Style, Preoccupied Attachment Styles, Dismissive Attachment style

Table 22. Stepwise Regression Analysis for Variables Predicting Acceptance Concern

	B	BSE	Beta	T	Sig.
Constant	6.72	.677		9.93	.000
Fearful Attachment Style	1.53	.158	.614	9.72	.000
Preoccupied Attachment Style	.653	.186	.217	3.51	.000
Dismissing Attachment Style	.651	.247	.197	2.63	.009

4. DISCUSSION

The literature on LGB individuals has shown higher rates of discrimination, stigmatization, and psychological distress compared to heterosexual individuals. Many studies reported how stigmatization, discrimination, internalized homonegativity, victimization, and lack of social support played a role in psychological distress for minority groups. The major purpose of the present study was to investigate the associations between identity development of LGB individuals in Turkey and their attachment styles and defense mechanisms. The secondary purpose was to contribute to the therapeutic views of psychotherapists working with LGB individuals. In discussion section, the results of the present study were evaluated in the light of existing literature. Moreover; conclusions, clinical implications, limitations and recommendations for future research were presented.

4.1. LGB Identity Development and Attachment Style

Participants in the present sample had high scores on many negative subscales of the LGBIS (acceptance concerns, concealment motivation), except for internalized homonegativity and difficult process. As hypothesized, negative subscales of the LGBIS were partially associated with insecure attachment styles in participants. These findings are consistent with previous research that has demonstrated a negative relationship between insecure attachment and emotion regulation, sense of self and identity integration and/or formation processes of LGBs (Mohr & Fassinger, 2003; Rosario et al., 2006; Jellison & McConnell, 2004; Meyer & Dean, 1998). However, most research in psychology literature reported that internalized homonegativity was the biggest relationship problem among LGB individuals (Meyer, 1995; Meyer & Dean, 1998; Shidlo, 1994; Forst & Meyer, 2009; Sherry, 2007). Although our findings in this study supported the literature in terms of relationships among insecure attachment styles and acceptance concerns or concealment motivation, the results showed low levels of internalized

homonegativity and difficult process. Thus, hypothesis about internalized homonegativity was not supported in this study.

Internalized homonegativity/homophobia is a fundamental part of the Minority Stress Theory. According to Meyer (1995), even though intensity of internalized homonegativity changes during identity integration processes, as one's identity as a homosexual gains strength, internalized homonegativity will always have effects on the identity. In the present study, internalized homonegativity was considered as a continuous variable, and participants displayed different levels of internalized homonegativity. One possible explanation about the findings on internalized homonegativity can be that all participants have shown progress through the identity integration and development processes; and they might have enough autonomy and valence in their identities which might support their self-acceptance of their homosexual orientation. Hence, this condition could decrease the level of internalized homonegativity (Coleman, 1982).

Because of stigmatization and discrimination in the community towards LGB individuals, the development of LGB sexual orientation can be more complex and difficult (Rosario et al., 2011; Meyer, 1998). Mohr and Fassinger (2003) have mentioned that LGB individuals are more likely to have distress about facing rejection. Although other minority individuals are raised in families or within a community that support and enrich their identities, LGB individuals face many struggles such as violence, discrimination and stigmatization during their acceptance of sexual identity (Bontempo & D'Augelli, 2002; Huebner, Rebchook & Kegeles, 2004). LGB individuals in Turkey have difficulties in disclosing themselves to the others due to the conservative attitudes towards sexuality and threatening conditions like discrimination and violence. Hence, all these processes might be affected by attachment style dynamics in terms of self-compassion and attachment security. From attachment perspective, fearfully attached individuals may feel a need to hide their inner thoughts and feelings to maintain the approval of others. Attachment perspective showed that individuals with high attachment

avoidance hold negative working models of others, which often contribute to reluctance to form close relationships and distrust of others (Wang, Schale & Broz, 2010). Research showed that disclosure of LGB's own sexual orientation to others can lead to high levels of depressive symptoms and anxiety (Huebner, Rebchook & Kegeles, 2004). Rejection from family or friends, negative reactions from others or fear of losing social connections may affect the acceptance concerns and concealment motivation among LGB individuals with insecure attachments. In their social lives, LGB individuals also need friends, social supports, and social participation in LGB community.

4.2. LGB Identity Development and Defense Styles

The findings of the present study revealed a positive correlation between immature defense styles and acceptance concerns, identity superiority and identity centrality subscales of the LGBIS. Thus, the third hypothesis on the association between the LGBIS and immature defense styles was supported. However, negative subscales of the LGBIS (internalized homonegativity, concealment motivation, identity uncertainty, and difficult processes) showed no correlations with immature defense styles. Especially, acceptance concern was positively correlated with projection, passive aggression, isolation, displacement, and splitting defense mechanisms. Moreover, concealment motivation was negatively correlated with denial, and dissociation defense mechanisms. The findings of the present study revealed that participants mostly used immature defense mechanisms and reported mostly anxious or avoidant relationship patterns. These findings were consistent with the results of the previous studies conducted by Cramer (2006) and McWilliams (2004). Cramer reported that immature defense mechanisms were found in all individuals, but the intensity of using immature defense mechanisms would be a determinant of discrimination between psychological health and psychopathology. McWilliams's conceptualization also extended the views of Cramer about defense mechanisms in terms of the fact that not only intensity of using immature defenses, but also deficiency of secondary defense mechanisms

could have a role in psychopathology. McWilliams (2004) suggested that the qualitative ways of defenses should be considered in the evaluation of psychopathology. LGB individuals' negative attitudes towards their own sexual orientation can be considered as narcissistic vulnerabilities, and this condition increases the level of primary defense mechanisms like rationalization, denial, projection, primitive idealization, and devaluation (Cramer, 2006; McWilliams, 2004). These narcissistic vulnerabilities towards their own sexual orientation may be the explanation of the correlational findings among acceptance concerns, identity centrality, identity superiority and immature defense styles. Findings of the present study showed that both acceptance concerns and identity centrality subscales of the LGBIS had positive correlations with immature defense styles like projection, passive aggression, isolation, splitting, and displacement. Accordingly, LGB individuals mostly had concerns about potential stigmatization in social relations (acceptance concerns) and had tendencies to view LGB identity as integral to overall identity (identity centrality); thus, they tried to protect their sense of self from others' homonegativity attitudes. Because of this condition; they could have created narcissistic tendencies and used mostly immature defense styles.

The results of the present study have also supported the theory on identity centrality seeing the sexual orientation as an integral part of the whole identity for LGB individuals. Moreover, identity superiority, which is related to giving a precedence and virtue to one's own sexual orientation, can be considered as a shadowing part of narcissistic vulnerabilities of LGB individuals on immature defense mechanisms. All in all, the persistent theme in defense mechanism is that reflective strategies of LGB individuals to protect themselves may relate to psychological process that maintains homeostasis by preventing painful ideas, emotions, and drives from forcing their identity development process into consciousness. These strategies may involve protection from feelings of weakness by trying to be powerful and defeat others, by blocking awareness and expression of vulnerable emotions. They may also include avoiding feelings of attraction toward other LGB people and avoiding being perceived as gay.

4.3. Attachment Styles and Defense Styles

The findings of the present study revealed no significant associations between mature or neurotic defense styles and attachment styles. There were significant associations only in some of the subscales of defense styles based on the attachment styles such as projection, passive aggression, isolation, devaluation, autistic fantasy, displacement, and somatization. Consistent with our first and third hypotheses, the correlation analyses showed that immature defense styles mostly had a positive correlation with fearful attachment styles and had a negative correlation with secure attachment styles. Consistent with the findings of the present study, previous researchers have indicated that securely attached individuals can be more flexible in case of distressing situations and they may use mature defense styles instead of immature defense styles. Securely attached individuals trust others, they are responsive and can effectively regulate negative emotions under stress (Spangler & Zimmermann, 1999; Shaver & Mikulincer, 2014). Creating a distortion of external reality can be helpful in easing the inner tension when faced with a difficult situation.

Most LGB individuals may experience violence, discrimination and stigmatization in their daily lives, especially in conservative countries like Turkey. They may experience feeling of helplessness and face serious distressing situations. According to our findings, attachment patterns of LGBs were found to be mostly depending on the other's approval and acceptance or dismissing the importance of close relationships. In such attachment patterns, immature defense styles can be evaluated as a way of surviving in conservative communities. Especially, fearful attachment style had a positive correlation with projection, passive aggression, isolation, displacement, and splitting. Thus, it can be stated that the attachment style mainly influences the expression of defense mechanisms. Both in fearful and preoccupied attachment styles, one can respond to unreliable or unresponsive care that includes ineffective emotion regulation strategies for distressing situations. In this state of mind, construction of the self evolves as inadequately supported, insufficiently loved, and vulnerable to control the threats leading to anxiety,

rumination, and envy in close relationships (Mikulincer et al., 2003; Ainsworth et al. 1978; Mikulincer & Shaver, 2007; Main et al., 1985). There is evidence that individuals, who are attached avoidantly have negative views of the others in their relationships (Mikulincer & Shaver, 2007). Main goal of using defense mechanisms for fearfully attached individuals can be to protect the self from experiencing negative feelings or needs that will activate the attachment system and to decrease the possibility of feeling vulnerable, facing rejection or abandonment. Laczkovics et al. (2018) indicated that attachment styles have important roles in determining the type of defense mechanisms that serve to help maintaining psychological balance between intrapsychic and interpersonal domains.

4.3.1. Predictive Effects of Attachment Styles on Acceptance Concern

The results showed that fearful attachment style had a predictive role on the LGBIS subscale of acceptance concerns. Social support from parents plays a critical role in development of a person's internal sense of support (Branje, van Aken, & van Lieshout, 2002). Specifically, supportive social context promotes sexual identity development (Mohr & Fassinger, 2003; Rosario et al., 2008). Because of negative self-views and lack of trust, fearfully attached LGB individuals can have high level of acceptance concerns which causes insecurity around straight people and worry about possible stigmatization. In relation to acceptance concerns among fearfully attached LGB individuals, the unacceptable part of the self by family, friend or society may be projected outward via defense mechanisms. Wang, Schale and Broz (2010) emphasized that fearfully attached individuals would be more likely to face difficulties about their sexual orientation due to the fear of rejection; and they might try to hide their inner thoughts and desires for affirmation from superiority. To explain the disturbing events LGB individuals may separate object representations into positive and negative segments such as self/other and inside/outside. The unwanted or overwhelming negative representations are externalized. This splitting between self and other can relate to the existence of unacceptable part of the self, and the responsibility of this unacceptable part of the

self will be attributed to the others or external world. For this reason, perspectives of LGB individuals on others are related to fear of rejection and abandonment (Fingerhut et al., 2010; Wang, Schale & Broz, 2010). This may explain why fearful attachment style did show a predictive role on acceptance concern.

However, at this point, it is important to note which attachment style was addressed strongly in stepwise regression model. According to our results, fearful attachment style had a stronger predictive role in explaining acceptance concern than preoccupied attachment style. Both in fearful and preoccupied attachment styles, an individual's respond to unreliable or unresponsive care with ineffective emotion regulation strategies. The possible explanation about the difference between these attachment styles is that preoccupied attachment style can be evaluated in situations where self-confidence is low, but the beliefs about others are particularly high in managing the individuals' own distress. Thus, preoccupied attachment style can be operationalized as having negative views about the self but positive views about the others. But our study showed that fearful attachment style had the strongest predictive role in acceptance concern. This can be evaluated as an avoidance mechanism. In fearful attachment style, the avoidance mechanism becomes a part of the coping strategy because of lack of trust to others and fear of possible reaction from others. Since people with preoccupied attachment are inclined to trust others they try to engage more and act in relationship seeking manners. This in itself might help to overcome acceptance concern to some degree. The avoidant style of fearfully attached people, however, can complicate and prolong their acceptance concern. Hence, fearful attachment style has a stronger predictive role in explaining the acceptance concern than preoccupied attachment style.

4.4. Conclusions and Clinical Implications

The findings of the present study provide important information for the professionals who are working with LGB populations. This study aimed to

investigate the associations between identity development, attachment styles, and defense mechanisms among LGB participants in Turkey. The secondary purpose was to contribute to extend the psychotherapeutic approaches in working with LGB individuals. Although the results revealed a low level of internalized homophobia/homonegativity among LGB individuals, Szymanski (2005) mentioned how the internalized homonegativity could be the cornerstone throughout psychotherapy with LGB clients. Therefore, mental health professionals should help their clients to develop the skills for managing and regulating their feelings about their sexual orientation. In the light of internalized homonegativity, the past experiences about discrimination and/or stigmatization, self-disclosure to family or others, and the level of interactions within LGB community should be important themes during psychotherapy processes because interventions would mostly be related with automatic thoughts, coping skills, encouragement, and support in social interactions. In addition, Williamson (2000) suggested that there was no direct connection between internalized homonegativity and psychological problems. However, the present study revealed that even though the level of internalized homonegativity was low, there could be significant correlations between internalized homonegativity and immature defenses. The level of immature defenses might be significantly related with the effort of dealing with anxiety-provoking situations (e.g. minority stress), and this condition might lead to psychological problems. Cramer (2006) reported that psychotherapy would be beneficial in decreasing the level of immature defenses. Mental health professionals working with LGB clients should pay attention to the use of immature defenses, and by providing an emphatic, safe environment they should help them to express their feelings and inner experiences (Steinhart & Dolbier, 2008).

The present study revealed that acceptance concerns and concealment motivation were significantly related with insecure attachment styles. According to attachment theories, psychotherapy enables clients to have a supportive and secure base environment through an egalitarian therapeutic relationship (Sherry, 2007). At

the end of such a supportive environment people may have healthy attachment opportunities for adult relationships.

The current results indicate that as a psychotherapist using only symptoms-based psychotherapy techniques will not be sufficient for LGB clients, thus, it will be important to focus on the clients' emotions, feelings and cognitions. Therapists should create a secure and supportive base for their clients in order to explore romantic, peer, and social relationships. Psychotherapists' attentiveness on how their clients' face difficulties, how they express, experience their LGB identity, and how these processes affect their dynamics will be essential in psychotherapy. As a result of the secure relationship between the therapist and client, like in child/caregiver attachment, a healthy attachment pattern that can be generalized to other relationships may evolve. The development of the sense of security established through empathy, unconditional acceptance, and modeling of effective relational patterns. Sperling (1994) identified four types of approach in therapy: (1) relational modeling among client-therapist attachment, (2) "reparenting" through framing the corrective emotional attachment, (3) cognitive and emotional reassessment of mental representation and defense mechanisms and (4) emphasizing the reconstruction of maladaptive representations (Ridge and Feeney, 1997). The therapists may help their clients to discover new paths for experiencing interpersonal interactions. Lastly, regardless of the psychotherapy approaches, LGB affirmative therapies have been initiated as an effective guideline for mental health professionals. The base of this guideline offers the context of basic LGBTI terms and issues about LGBTI experiences (APA, 2000). This guideline has emphasized that clients can overcome the imposed homonegativity in the social community through internalized stigmatization and self-acceptance; and achieve identity valence (Ritter & Terndrup, 2002; Meyer, 2003).

In therapy, it will be important to establish the alliance between the therapist and client since fearfully attached individuals tend to devalue others, reject attachment-based relationships, and be unwilling to disclose their inner world

(Gelso & Hayes, 1998). Fearfully attached clients have a tendency to build weaker alliances and have more problems in establishing an emotional bond with therapist during the first periods of process (Parish & Eagle, 2003). The defenses of fearfully attached clients (like projection, splitting or passive aggression) may be activated when the therapist emphasizes painful separation issues. Dozier (1990) indicated that avoidant clients (assessed with AAI) were unwilling to seek and accept treatment and experience difficulties for self-disclosing during therapy. Moreover, fearfully attached clients' transference reactions may evoke various reactions in the therapists. Rejection of emotional expression or difficulties about self-disclosure of internal vulnerabilities may lead therapists to apply more cognitive techniques (Lyddon & Satterfield, 1994). Hardy et al. (1999) analyzed the content of therapy sessions of individuals with fearful attachment who are using mostly immature defenses. They found that therapists had a tendency to respond to fearfully attached clients with cognitive interpretation rather than reflecting on their clients' inner emotions, desires and concerns.

4.5. Limitations and Future Research

This study has various limitations. First, Cronbach's alpha values of the RSQ subscales ranged between 0.41 to 0.71. Although internal consistency reliability values were low, we accepted these values because test-retest reliability level (0.53 for females and 0.49 for males) found by Bartholomew and Griffin (1994) was acceptable. Moreover, Sumer et al. (2006) conducted research in order to compare attachment styles between USA and Turkish cultures. The Cronbach's alphas for the Turkish version of the RSQ ranged from 0.27 to 0.61. According to Sümer and Güngör (1999), these studies have demonstrated that the RSQ has satisfactory validity, reliability, and stability. The DSQ used in the present study might also be inadequate to evaluate defense mechanisms of the individuals with particularly mature and neurotic defense styles. Cramer (2006) considered defense mechanisms as the individuals' inner and deepest wishes, fears and conflicts. Self-report measures like the DSQ might be insufficient to assess these defenses. Future

studies can use the Defense Mechanism Manual to understand most optimal alternative defenses via individual's narratives and stories.

Second limitation was the small sample size and demographic characteristics of the sample. The participants were not equally distributed for each sexual orientation identity (gay, lesbian and bisexual) and most participants in this study were collected from bigger cities. The high education level may provide them independence. Individuals were at earlier stages of their sexual identity development and they had a low level of education. Due to this, they might face more distressing situations because of their families compared to the ones who had a high level of education and who were at later stages of sexual identity development. In future studies, research done with large and diverse samples may decrease the sampling biases and may have results that can be generalized for the whole LGB individuals. Furthermore, as indicated in the literature, there are several factors affecting individuals' attachment styles and internal representations (Davies & Bhugra, 2004). Further research can extend the current study by exploring the relationship of other variables such as trauma history, DSM diagnosis and mentalization in different cultures.

Third limitation of the study was that the current study identified attachment styles and defense styles as significant constructs related to LGB identity development. However, the stepwise regression model could only explain 45% of the total variation. Further studies can conduct a quasi-experimental design to analyze the link between attachment, defense mechanism, and LGB identity development. Preferably in a longitudinal design, the exploration of the associations between above constructs should be replicated with a more comprehensive set of measures and with more homogenous clinical and non-clinical groups. In conclusion, more complex research designs could be used in future studies. For example, a Structural Equation Model would be more helpful to understand the relationships between attachment styles and LGB identity development processes.

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APPENDICES

APPENDIX A: Bilgi University Ethics Committee Approval Form

ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY THE ETHICS COMMITTEE

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından
doldurulacaktır /This section to be completed by the Committee on Ethics in research
on Humans)

Başvuru Sahibi / Applicant: Yener Yüksel

Proje Başlığı / Project Title: Genç Yetişkin LGB Kimlik Gelişimi ile Bağlanma
Stilleri ve Savunma Mekanizmaları Arasındaki İlişki

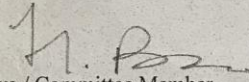
Proje No. / Project Number: 2017-20024-55

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

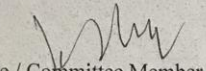
Değerlendirme Tarihi / Date of Evaluation: 12 Mayıs 2017

Kurul Başkanı / Committee Chair

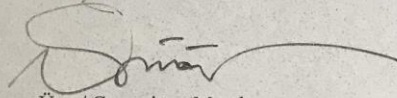
Doç Dr. İtir Erhart (izinli)


Üye / Committee Member

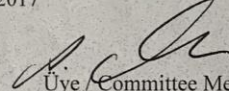
Prof. Dr. Hale Bolak

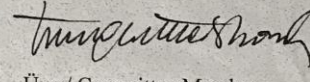

Üye / Committee Member

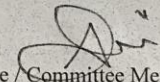
Doç. Dr. Koray Akay


Üye / Committee Member

Doç Dr. Ayhan Özgür Toy


Üye / Committee Member
Prof. Dr. Ashi Tunç


Üye / Committee Member
Prof. Dr. Turgut Tarhanlı


Üye / Committee Member
Prof. Dr. Ali Demirci

APPENDIX B: Participant's Informed Consent Form

BİLGİLENDİRİLMİŞ ONAM FORMU

Katılacağınız araştırma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Yener Yüksel'in yüksek lisans tez çalışmasının bir parçası olup, Dr. Öğr. Üyesi Elif Akdağ Göcek ve Dr. Sinan Sayıt danışmanlığında yürütülmektedir. Araştırmanın amacı; genç yetişkin homoseksüel bireylerin romantik ilişkileri, savunma biçimleri ve ruhsal durumları arasındaki ilişkiyi incelemektedir.

Araştırmanın hiçbir bölümünde isminizi, kimliğinizi sorgulayan herhangi bir soru bulunmamaktadır. Çalışma neticesinde elde edilen bilgiler araştırma çerçevesinde kullanılacak ve gizli tutulacaktır. Soruları yanıtlamaya başladıktan sonra herhangi bir sebeple rahatsızlık hissettiğiniz takdirde anketi doldurmayı bırakabilirsiniz. Araştırmaya genç yetişkin homoseksüel bireyler katılabilmektedir ve katılım gönüllük esasına dayanmaktadır.

Lütfen sorulara doğru ve eksiksiz cevap verin. Soruları samimiyetle cevaplandırmanız araştırma bulgularının güvenilirliği açısından büyük önem taşımaktadır.

Araştırmaya herhangi bir sorunuz olması halinde Yener Yüksel (yeneryuksel91@hotmail.com) ile iletişime geçebilirsiniz.

APPENDIX C: Demographic Information Form

DEMOGRAFİK FORM

Doğum Yılıınız:

Cinsiyetiniz: () Erkek () Kadın () Diğer_____

Cinsel Yöneliminiz:

- () Heteroseksüel
- () Homoseksüel
- () Biseksüel
- () Diğer_____

Yaşamınızın büyük bölümünü nerede geçirdiniz?

- () Köy
- () Kasaba
- () Şehir
- () Büyük şehir
- () Yurtdışı

Eğitim Seviyeniz (Lütfen en son mezun olduğunuz okulu işaretleyiniz):

- () İlkokul
- () Lise
- () Üniversite (Önlisans/Lisans)
- () Lisansüstü (Yüksek Lisans / Doktora)
- () Diğer _____

Kardeşiniz var mı?

- () Evet
- () Hayır

İlişkiniz var mı?

() Evet

() Hayır

İlişkiniz var ise;

Partnerinizin cinsiyeti nedir?

() Erkek () Kadın () Diğer_____

Partneriniz ile ilişki durumunuz?

() Flört

() Sevgili

() Evli

() Açık İlişki

Partneriniz ile ne kadar süredir birliktesiniz? _____

Daha önce psikolojik ya da psikiyatrik bir yardım aldınız mı?

() Evet

() Hayır

Eğer yardım aldıysanız;

Hangi konuda yardım aldınız? _____

Ne kadar süre ile yardım aldınız (ay)? _____

Herhangi bir psikiyatrik ilaç kullandınız mı?

APPENDIX D: Turkish Version of Lesbian, Gay and Bisexual Identity Scale

Aşağıda Lezbiyen, Gey ve Biseksüellerin (LGB) cinsel yönelimlerine ilişkin kişisel deneyimlerine dair sorular yer almaktadır. Siz cinsel yöneliminizi “lezbiyen, gey ve biseksüel” terimlerinden daha farklı kelimelerle tanımlıyor olabilirsiniz (örneğin; queer, panseksüel). Bu çalışmada, kullanım yaygınlığı nedeniyle biz LGB terimini kullanacağız. Eğer bu terim sizin cinsiyet kimliğinizi yansıtmıyorsa şimdiden anlayışınız için teşekkür ederiz. Lütfen bir LGB olarak şuanki yaşantılarınızı en iyi şekilde yansıtan seçenekleri işaretleyiniz. Soruları cevaplarken olabildiğince dürüst ve samimi olmanız araştırmanın bulgularının sağlıklı olması açısından önemlidir; lütfen **nasıl hissetmeniz** gerektiğini değil, **şuan nasıl hissettiğinizi** belirtiniz. Üzerinde gereğinden fazla düşünmeden, her bir soruyu verdiğiniz ilk tepkiye göre cevaplayıp diğer soruya geçiniz.

(1) Kesinlikle katılmıyorum	(2) Katılmıyorum	(3) Biraz katılmıyorum	(4) Biraz Katılıyorum	(5) Katılıyorum	(6) Kesinlikle katılıyorum	
1. Eşcinsel duygusal ilişkilerimi gizli tutmayı tercih ediyorum.	1	2	3	4	5	6
2. Seçme şansım olsaydı heteroseksüel olmayı seçerdim.	1	2	3	4	5	6
3. Cinsel yönelimimden tam olarak emin değilim.	1	2	3	4	5	6
4. Eşcinsel duygusal ilişkilerimi kimlerin bildiğini dikkatle kontrol altında tutuyorum.	1	2	3	4	5	6
5. Başkalarının cinsel yönelimim nedeniyle beni yargılayıp yargılamadığını sıklıkla merak ediyorum.	1	2	3	4	5	6
6. LGB olduğum için mutluyum.	1	2	3	4	5	6
7. Heteroseksüellere tepeden bakıyorum.	1	2	3	4	5	6
8. Cinsel yönelimime ilişkin fikrimi sürekli değiştiriyorum.	1	2	3	4	5	6
9. Başkalarının beni cinsel yönelimim nedeniyle yargıladığını bildiğimde rahat edemiyorum.	1	2	3	4	5	6
10. LGBlerin heteroseksüellerden üstün olduğunu düşünüyorum.	1	2	3	4	5	6
11. Cinsel yönelimim kim olduğumun önemsiz bir parçasıdır.	1	2	3	4	5	6
12. LGB olduğumu kabullenme sürecim çok sancılı geçiyor.	1	2	3	4	5	6
13. LGB topluluğunun bir parçası olmaktan gurur duyuyorum.	1	2	3	4	5	6
14. Biseksüel mi yoksa eşcinsel mi olduğumdan emin olamıyorum.	1	2	3	4	5	6
15. Cinsel yönelimim kimliğimin temel parçasıdır.	1	2	3	4	5	6
16. Cinsel yönelimim hakkında insanların ne düşündüğünü, bunun onları nasıl ve ne derece etkilediğini çok fazla düşünüyorum.	1	2	3	4	5	6
17. LGB olduğumu kabullenme sürecim çok yavaş ilerliyor.	1	2	3	4	5	6
18. Heteroseksüellerin yaşamları, LGBlerin yaşamlarına kıyasla daha sıkıcı.	1	2	3	4	5	6
19. Cinsel yönelimim oldukça kişisel ve özel bir konudur.	1	2	3	4	5	6
20. Keşke heteroseksüel olsaydım.	1	2	3	4	5	6
21. Bir birey olarak kim olduğumun anlaşılması için LGB olduğumun bilinmesi gerekir.	1	2	3	4	5	6
22. Cinsel yönelimimi anlamaya çalışırken kafam çok fazla karışıyor.	1	2	3	4	5	6
23. Cinsel kimliğim konusunda başından beri kendimi rahat hissettim.	1	2	3	4	5	6
24. LGB olmak hayatımın çok önemli bir parçasıdır.	1	2	3	4	5	6
25. LGB olmanın benim önemli bir parçam olduğuna inanıyorum.	1	2	3	4	5	6
26. LGB olmaktan gurur duyuyorum.	1	2	3	4	5	6
27. Kendi cinsiyetimden insanları çekici bulmamın adil olmadığına inanıyorum.	1	2	3	4	5	6

APPENDIX E: Turkish Version of Defense Style Questionnaire

SAVUNMA BİÇİMLERİ TESTİ

Lütfen her ifadeyi dikkatle okuyup, bunların size uygunluğunu yan tarafında 1 den 9 a kadar derecelendirilmiş skala üzerinde seçtiğiniz dereceyi çarpı şeklinde (×) işaretlemek suretiyle gösteriniz.

Örnek:

Bana hiç uygun değil 1 2 3 4 ~~5~~ 6 7 8 9 Bana çok uygun

1. Başkalarına yardım etmek hoşuma gider, yardım etmem engellenirse üzülürüm.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

2. Bir sorunum olduğunda, onunla uğraşacak vaktim olana kadar o sorunu düşünmemeyi becerebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

3. Endişemin üstesinden gelmek için yapıcı ve yaratıcı şeylerle uğraşırım(resim, el işi, ağaç oyma)

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

4. Yaptığım her şey için geçerli sebepler bulabilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

5. Kendime çok kolay gülerim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

6. İnsanlar bana kötü davranmaya eğilimliler.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

7. Birisi beni soyup paramı çalsa, onun cezalandırılmasını değil ona yardım edilmesini isterim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

8. Hoş olmayan gerçekleri, hiç yokmuşlar gibi görmezlikten geldiğimi söylerler.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

9. Süpermen’mişim gibi tehlikelere aldırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

10. İnsanlara, sandıkları kadar önemli olmadıklarını gösterebilme yeteneğimle gurur duyarım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

11. Bir şey canımı sıktığında, çoğu kez düşüncesizce ve tepkisel davranırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

12. Hayatım yolunda gitmediğinde bedensel rahatsızlıklara yakalanırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

13. Çok tutuk bir insanım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

14. Gerçek yaşamımdan çok hayallerim bana hoşnutluk verir

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

15. Sorunsuz bir yaşam sürdürmemi sağlayacak özel yeteneklerim var.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

16. İşlerim yolunda gitmediğinde bu duruma her zaman geçerli sebepler bulabilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

17. Bir çok şeyi gerçek yaşamımdan çok hayalimde çözerim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

18. Hiçbir şeyden korkmam

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

19. Bazen bir melek olduğumu, bazen de bir şeytan olduğumu düşünürüm.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

20. Kırıldığımda açıkça saldırgan olurum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

21. Her zaman, tanıdığım birinin koruyucu melek gibi olduğunu hissederim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

22. Bana göre, insanlar ya iyi ya da kötüdürler.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

23. Patronum beni kızdırırsa, ondan hıncımı çıkarmak için ya işimde hata yaparım ya da işi yavaşlatırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

24. Her şeyi yapabilecek güçte, aynı zamanda son derece adil ve dürüst olan bir tanıdığım var.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

25. Serbest bıraktığımda, yaptığım işi etkileyebilecek olan duygularımı kontrol edebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

26. Genellikle, aslında acı verici olan bir durumun gülünç yanını görebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

27. Hoşlanmadığım bir işi yaptığımda başım ağrır.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

28. Sık sık, kendimi kesinlikle kızmam gereken insanlara iyi davranırken bulurum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

29. Hayatta, haksızlığa uğruyor olduğuma eminim

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

30. Sınav veya iş görüşmesi gibi zor bir durumla karşılaşacağımı bildiğimde, bunun nasıl olabileceğini hayal eder ve başa çıkmak için planlar yaparım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

31. Doktorlar benim derdimin ne olduğunu hiçbir zaman gerçekten anlamıyorlar.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

32. Haklarım için mücadele ettikten sonra, girişken davrandığımdan dolayı özür dilemeye eğilimliyimdir.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

33. Üzüntülü veya endişeli olduğumda yemek yemek beni rahatlatır.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

34. Sık sık duygularımı göstermediğim söylenir.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

35. Eğer üzüleceğimi önceden tahmin edebilirsem, onunla daha iyi baş edebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

36. Ne kadar yakınırsam yakınayım, hiçbir zaman tatmin edici bir yanıt alamıyorum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

37. Yoğun duyguların yaşanması gereken durumlarda, genellikle hiçbir şey hissetmediğimi fark ediyorum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

38. Kendimi elimdeki işe vermek, beni üzüntülü veya endişeli olmaktan korur.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

39. Bir bunalım içinde olsaydım, aynı türden sorunu olan birini arardım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

40. Eğer saldırganca bir düşüncem olursa, bunu telafi etmek için bir şey yapma ihtiyacı duyarım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

APPENDIX F: Turkish Version of Relationship Styles Questionnaire (RSQ)

Aşağıda yakın duygusal ilişkilerinizde kendinizi nasıl hissettiğinize ilişkin çeşitli ifadeler yer almaktadır. Yakın duygusal ilişkilerden kastedilen arkadaşlık, dostluk, romantik ilişkiler ve benzerleridir. Lütfen her bir ifadeyi bu tür ilişkilerinizi düşünerek okuyun ve her bir ifadenin sizi ne ölçüde tanımladığını aşağıdaki 7 aralıklı ölçek üzerinde değerlendiriniz.

Örnek:

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

1.Başkalarına kolaylıkla güvenemem.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

2.Kendimi bağımsız hissetmem benim için çok önemli.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

3.Başkalarıyla kolaylıkla duygusal yakınlık kurarım.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

4.Bir başka kişiyle tam anlamıyla kaynaşıp bütünleşmek isterim. [11]

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

5.Başkalarıyla çok yakınlaşırsam incitileceğimden korkuyorum.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

6.Başkalarıyla yakın duygusal ilişkilerim olmadığı sürece oldukça rahatım.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

7.İhtiyacım olduğunda yardıma koşacakları konusunda başkalarına her zaman güvenebileceğimden emin değilim.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

8.Başkalarıyla tam anlamıyla duygusal yakınlık kurmak istiyorum.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

[1]
[SEP]

9.Yalnız kalmaktan korkarım.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

10. Başkalarına rahatlıkla güvenirip bağlanabilirim.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

11. Çoğu zaman, romantik ilişkide olduğum insanların beni gerçekten sevmediği konusunda endişelenirim.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

12. Başkalarına tamamıyla güvenmekte zorlanırım.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

13. Başkalarının bana çok yaklaşması beni endişelendirir.[1]
[SEP]

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

14. Duygusal yönden yakın ilişkilerim olsun isterim.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

15. Başkalarının bana dayanıp bel bağlaması konusunda oldukça rahatımdır.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

16. Başkalarının bana, benim onlara verdiğim kadar değer vermediğinden kaygılanırım.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

17. İhtiyacınız olduğunda hiç kimseyi yanınızda bulamazsınız.18.Başkalarıyla tam olarak kaynaşıp bütünleşme arzum bazen onları ürkütüp benden uzaklaştırıyor.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

19.Kendi kendime yettiğimi hissetmem benim için çok önemli.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

20. Birisi bana çok fazla yakınlaştığında rahatsızlık duyarım.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

21. Romantik ilişkide olduğum insanların benimle kalmak istemeyeceklerinden korkarım.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

22. Başkalarının bana bağlanmamalarını tercih ederim.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

23. Terk edilmekten korkarım.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

24. Başkalarıyla yakın olmak beni rahatsız eder.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

25.Başkalarının bana, benim istediğim kadar yakınlaşmakta gönülsüz olduklarını düşünüyorum.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

26. Başkalarına bağlanmamayı tercih ederim.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

27. İhtiyacım olduğunda insanları yanımda bulacağımı biliyorum.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

28. Başkaları beni kabul etmeyecek diye korkarım.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

29. Romantik ilişkide olduğum insanlar, genellikle onlarla, benim kendimi rahat hissettiğimden daha yakın olmamı isterler.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor

30. Başkalarıyla yakınlaşmayı nispeten kolay bulurum.

Beni Tanımlamıyor 1 2 3 4 5 6 7 Beni Tamamen Tanımlıyor