The Role of Attachment and Shame in the Relationship Dynamics of Lesbian Couples

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Lesbian couples experience microaggressions, often from family gatherings as a couple, holding hands while walking down the street, or if attending church on Sunday. Through these salient experiences when they decide to advance their relationship and become fully devoted to one another and cohabitate, they are likely to experience social stigmas because of their commitment to one another. Terms often familiar such as "U-Haul" or "who's the man and who's the woman in the relationship?" Minority stress is also experienced, and often from the people closest to them such as family members or co-workers. This experience contributes to health disparities (Meyer, 2003). Minority stressors fall into two distinct categories: distal stressors and proximal stressors. Relationships take work; though from the very beginning of the relationship experiencing microaggressions, social stigmas, salience, minority stress, distal stressors, and proximal stressors are inevitable in this community.

Aside from the dynamics of heterosexual couples differing in contrast within the LGBTQ+ community couple relationships, lesbian couples have distinct relationship dynamics in contrast to gay couples. This literature review will investigate the role of attachment and shame in the relationship dynamics within lesbian couples.

Development of Attachment and Shame

The role of attachment and shame are both unique throughout development and experience from childhood. An attachment figure, known as the caretaker (usually the mother), becomes what is expected later in life from the individual and proves critical for the individual's self- worthiness, known as the working model of the self (Rosario et al., 2012). Attachment theory highlights the role of primary caregiving relationships in maintaining a sense of safety and security throughout the lifespan, in addition to the individual's ability to form working models within the self (Mohr, 2016).

These working models of attachment are initially formed during the early stages of infancy with caregivers. If the child perceives self as lovable and accepted and views the caregivers as safe, available, and reliable; the child will form a secure attachment, and this is a positive working model of the self and others. In contrast, if the caregivers are contradictory in action from the secure attachment, the child will form an insecure attachment; and this is characterized by an internal working model: how they view others to some degree as unreliable and/or self is viewed as unacceptable or undesirable to others. (Starks et al., 2015) It is also important when establishing these primary relationships as adolescents and young adults, individuals bring with them a learning history that shapes their behavioral repertoire and expectancies (Starks et al., 2015). Attachment theory also posits that across the individual's lifespan, secure attachments to caregivers are associated with the security of later attachments to peers and romantic partners, in addition to greater intimate partner relationship quality later in life.

When an individual develops early secure attachments, this helps the individual develop their strengths for being able to know oneself overtime, improve social cognition capacities (i.e., empathy and the ability to understand others), being able to be flexible (resulting from ability to weigh options before acting upon), and able to regulate emotion (i.e., self soothe and to be soothed by others) (Wells, 2003). Two prominent insecure attachment styles, avoidant and anxious, will be discussed for purposes in this literature review.

Avoidant attachment traits are characterized by deactivating strategies including reluctant to rely on others for emotional support, discomfort with closeness, and discomfort with intimacy (Mohr et al., 2013). This is a result during early development as the individual learned to conceal their attachment needs and vulnerabilities from the caregivers, to avoid closeness and potential

rejection. This coping mechanism stemmed as an adaptation to circumstances where the caregivers have continuously disapproved of the expression or desire for closeness (Gabbay & Lafontaine, 2016). Overtime as a result from chronic invalidation which increases emotional arousal, sensitivity, and avoidance. The individual concludes something is wrong with them and this explanation appears reasonable and sound. Avoidant individuals with this adaptive attachment pattern deal with the anxieties of close relationships through emotional distancing. Displays of isolating behaviors impact all close relationships, including the relationship with oneself. It's not uncommon that naturally intense emotions within oneself may become muted or "flattened," leaving the individual feeling distant from one's own feelings (Birnie-Porter & Hunt, 2015; Kauth, 2022; Wells, 2003).

Anxious attachment traits are marked by hyperactivating strategies (e.g., chronic fear of abandonment, compulsive assurance-seeking, high distress). The hyperactivation of attachment needs are generally displayed by the individual when the caregivers are repeatedly unavailable. The individual consequently learns that the intensification of these attachment behaviors, even sometimes to the point of displays of anger, can result in an increased likelihood of response from the caregiver. And deactivation also occurs because of prolonged unavailability from the caregiver (Gabbay & Lafontaine, 2016). Individuals with high anxious attachment are more likely to display patterns of chronic activation that has been linked to a variety of situations, not specifically challenging or high stressful in nature. Individuals many times in these situations will associate negatively with self-assurance and positively with anger (Gabbay & Lafontaine, 2016; Mohr, 2016).

Anxiety and avoidance attachments are believed to exert their strongest effects on individuals and couples functioning in stressful, challenging, and novel situations, as well as situations that involve separation from, or conflict with, one's romantic partner system that is

linked to distress across a variety of situations (i.e., not specifically challenging situations). Individuals with insecure attachments are associated with lower levels of relationship satisfaction, which is linked to shame and affect dysregulation because of this insecure attachment (Sommantico et al., 2021; Wells & Hansen, 2003).

The role of shame is also an important aspect in development, especially in early attachment relationships with the caregiver when the need for a secure bond is not met. This unmet bond results in an internalized shame bond between shame and relationship distress (Wells, 2003). Once the shame bond has been established and whenever the child experiences distress, shame will occur. These bonds are internalized and stored into memory such as images. These images, along with positive ones, form the building blocks of the child's identity. These scenes may cluster to form a distinctive shame profile that may present as body, relationship, sexual, or competence shame. These components can evolve further until shame engulfs the whole self, and "one's identity becomes based on shame" (Kaufman, 1996; Wells & Hansen, 2003). Based upon Bartholomew's typology and Bowlby's theory, attachment styles representing the positive self-dimension (secure and dismissing) it is hypothesized to correlate negatively with shame, contrary to attachment styles representing the negative self-dimension (fearful and preoccupied) are hypothesized to be positively associated with shame (Wells & Hansen, 2003). Budden (2009) defined shame as "the quintessential social emotion underlying social threat, comprising a family of negative feelings ranging from mild embarrassment to severe humiliation. It is the painful self- consciousness of, or anxiety about, negative judgment, unwanted exposure, inferiority, failure, and defeat." There's many ways in which individuals experience shame. Shame goes beyond more than just a self-conscious emotion, shame can also be felt as a shame state of mind, and experienced through shame proneness, couples' shame, and other variations (Longhofer, 2013).

The Process of "Coming Out"

In the overall benefits through the process of "coming out", when an individual becomes openly gay, an important component of lesbian identity development is to overcome feelings of shame and increase self-acceptance (Zaikman et al., 2020), it has been correlated with reductions in stress, anxiety, and increased overall well-being (Zaikman, 2020). In the findings from Zaikman (2020), individuals that were openly gay were evaluated more favorably than to those who were not openly gay. Additionally, depending on the individual's developmental stage of the coming out process, adolescents anticipated rejection from caregivers, which literature found adolescents who reported stronger connections to parents tended to wait longer to come out (Starks et al., 2015). There have been profound implications to adolescent's attachment because of the caretaker's negative reaction (e.g., rejection, abuse) during the early stages of the coming out process (Rosario et al., 2012; Starks et al., 2015). Gender nonconforming behaviors (GNBs) especially during childhood development, in which characteristics are socially and culturally associated with the other sex have been associated with sexual-minority orientation and provoke negative reactions from those who find such behaviors unacceptable or a violation of gender or heterosexual norms (Rosario et al., 2012).

Also, prejudice exists within the attachment caregiver and child relationship depended on how the caregiver views homosexuality. The caregiver may not know the sexual orientation of their child, though if the caregiver perceives the child is or through their behaviors of GNBs, the negative attitudes toward the child represent distal stressors and that represents prejudice. Caregivers verbal and nonverbal stressful impact on the child (victim) are the focus of theoretical and empirical work on microaggressions and affect the child's mental health along with less secure attachment (Rosario et al., 2012). Caregivers reported less affection for their sexual and gender minority (SGM) child. These findings rendered a greater significance considering the sample of caregivers were all mothers that were registered nurses. The stigma from society is

apparent when homosexuality can seep its way into families with health care professionals. A call to action is needed to address the discrimination and psychological deprivation that the SMG child is at risk of experiencing (Rosario et al., 2012).

Minority stress encompasses negative internalized emotions in addition to external negative experiences that contribute to poor mental health and often becomes traumatic invalidation to the individual. Shame is an emotion that is consistently identified as a significant variable in minority stress.

Lesbian Attachment Styles

Lesbians with secure attachments have been able to also form secure attachment with peers during adolescence and improve social skills needed in the selection of a romantic partner and throughout the relationship process. Attachment security mentioned previously, was associated with delay in dating, and here peer attachment security is associated with relationship length. Both caretaker and peer secure attachment were significantly associated with positive mental health outcomes. Results which link peer and caregiver secure attachment with main partner relationship quality is in a manner consistent with attachment theory (Starks et al., 2015). Lesbians with secure attachments display qualities of nurturing a healthy balance in their romantic relationships and a healthy sense of self. They are also securely attached in their relationships without losing their sense of independence (Alessi et al., 2011). Therefore, a fear of intimacy, socially avoidant behavior, a preoccupation with relationships, and counter-dependency are all absent in the adults that are securely attached those who are more securely attached are also more comfortable with their own sexual identity and lesbian community (Alessi et al., 2011).

Lesbians with anxious attachments tend to seek out intimacy in a sexual relationships, and often become obsessed with their romantic partner. This behavior leads to intense worries of

rejection and abandonment (Birnie-Porter & Hunt, 2015). Also, anxious attachments are more likely than others to respond to relationship dissatisfaction by seeking out sexual partners outside of the primary romantic relationship. These behaviors may reflect that lesbians with high anxiety are more likely than others to lack the interpersonal skills to effectively discuss relationship dissatisfaction and carry negative experiences of non-monogamy from previous romantic relationships which could increase attachment anxiety and preference for sexual exclusivity (Mohr et al., 2013).

Role of Attachment in Relationships

Attachment in lesbian relationships serves to regulate emotions of partners by seeking or avoiding proximity and intimacy, as well as associated potential support and validation. Mikulincer & Shaver (2016) explains that attachment strategy is characterized by seeking proximity to the partner in times of stress or need. When the partner is consistently available and responsive to attachment needs for validation and support, these experiences may lead to secure attachment. When partners are inconsistently available and responsive this may lead to hyperactivation of the attachment system. Hyperactivation is associated with anxiety about rejection, doubts about one's own value in the eyes of the partner, worries about availability and responsiveness of the partner, and a strong desire for closeness. To deal with this attachment anxiety, an individual may engage in clinging and coercive behaviors to eventually gain attention and force the partner to provide support and validation. This may be alternated with anger when attachment needs remain unmet. However, when partners are experienced as neglectful or rejecting, deactivation of the attachment system may develop. Deactivation is characterized by distrust of others. Distrust is dealt with in a self-protective strategy of denial of attachment needs

and avoidance of intimacy. This manifests itself as an aversion of dependency on the partner, and an urge for self-reliance and autonomy (Conradi & Noordhor et al., 2017).

Counterintuitively, mirroring poorly adapted attachment strategies, dysfunctional caregiving is also displayed by hyperactivation or deactivation of behaviors. Also, this can manifest in hypervigilance towards the partner's signals of distress and coercive actions destined to gain the partner's acceptance of one's intrusive caregiving bid. The latter is usually characterized by a lack of sensitivity and responsiveness to a distressed partner's needs and often results in an increased distance from the partner when they display signs of distress (Gabbay & Lafontaine, 2016). In essence, similarly to attachment theory, the caregiver system can be either well-adjusted or dysfunctional. The individual's capacity to be in touch with their romantic partner's attachment behaviors and distress signals, as well as the capability to respond to them in an empathic way, are all hallmarks of functional caregiving (Conradi & Noordhor et al., 2017)

Similarly, attachment, as within the caregiving system can be well adjusted or dysfunctional. An individual's capacity to be attuned to their romantic partner's attachment behaviors and distress signals, as well as the capacity to respond to them in an empathic way, are hallmarks of functional caregiving (Gabbay & Lafontaine, 2016).

Role of Shame in Relationships

Self-identified lesbians reported higher levels of internalized shame, lesbian identity integration, and dismissing attachment. A term referred to as the "shame effect" occurs as shame score levels increase or decrease. As lesbian identity integration increases, shame scores decrease. When a heighted secure attachment is experienced, shame scores decrease; and vice versa, when high levels of fear and attachment are experienced, shame scores increased. Wells &

Hansen (2003) further explains that contrary to prediction, high levels of dismissing attachment were associated with higher levels of shame. These results suggest the pervasive effects of shame (Wells & Hansen, 2003). Another development of shame is through self-expression, that is when caregivers are not supportive of the individual's self-expression and love and support is conditional. The individual feels shame and may develop an internalized homophobia.

A term many in the community relate with, which is "shame trap". Shame is a trap that contributes to identity concealment of sexual and gender minorities (SGM) and further reinforcement of shame, in addition to obstructing self-validation. The core of minority stress mentioned by Kauth (2022) is the internalized experience of shame brought upon as the core of chronic invalidation from which the environment communicates SGM individual is shameful-behavior/feelings-is a bad person. SMG is seen as incorrect, damaged, abnormal, deviant, criminal, immoral. For instance, Kauth (2022) meaning of bad behavior can be forgiven…but being bad is much harder to forgive and further invalidating shaming environment, that is quite broad & personal. SMG's shaming environment defined by Kauth (2022) includes the culture and customs, government, law enforcement, employers, healthcare agencies, religious communities and churches, ethnic groups, campus and classrooms, families, parents, and one's children. Keeping secret, concealing identity, conforming to expectations, individual acknowledges and reinforces shame. Self-shame contributes to worthless, hopelessness, and non-suicidal self-harm. And most SMG individuals, especially in uniformed roles, is long term identity concealment or denial of SGM's identity in all or most aspects of one's life (meaning being closeted) to manage shame, as a defensive strategy against shame-based minority stress that is closely linked to long-term identity concealment is perfectionism! As a coping strategy against minority stress, perfectionism is seldom discussed (Kauth, 2022). Literature has focused

largely on maladaptive coping strategies, such as withdrawal, denial of SGM status, and projection of blame or contempt. Perfectionism as stated by Kauth (2022), refers to a social performance that is, being the best possible child, spouse, parent, employee, teacher, athlete, politician, soldier, etcetera, to avoid suspicion and potential rejection of one's undisclosed, stigmatized SGM identity, and perfectionism is a safeguard against rejection but also functions to "prove" one's worth. Despite the fact their identity is hidden, the SGM individual's good merits, best behavior, praises received, and respect earned are not enough to overcome the shame. SGM individuals are aware that their colleagues, employers, neighbors, friends, and even close family members may still reject them if or when their SGM identity becomes known. Validating responses from others are rejected in the minds of SGM individuals. Shame is a trap that is difficult to escape. In Kauth's (2022) own clinical practice with SGM clients when treating, the consequences of minority stress, shame has been one of toughest emotions to change.

Relationship Satisfaction

Erikson's (1980) theory of psychosocial development asserts the establishment of intimacy is ''the capacity to commit oneself to concrete affiliations which may call for significant sacrifices and compromises'' becomes the salient developmental task as lesbians emerge from adolescence into young adulthood (Starks et al., 2015). Furthermore, based on Bowlby's (1979) earlier work, Bartholomew (1990), a model of adult attachment characterized by two underlying dimensions: model of the self (either positive or negative) and model of others (either positive or negative). These dimensions produce four possible attachment styles: secure (positive self and other), preoccupied (negative self, positive other), dismissing (positive self, negative other), and fearful (negative self and other). Meaning that the efficacy of short-term dynamic therapy to treat these problems had the poorest prognosis of lesbians with dismissing

attachment style. However, among this sample of lesbians with a mean of six years in interpersonal psychotherapy, secure attachment style predominated. From these findings, it suggests the need for psychotherapists to establish a therapeutic alliance with their lesbian clients that adapted a dismissing attachment style and that have also been stigmatized by society and their families (Wells, 2003).

The key component to relationship well-being is sexual-wellbeing, and satisfaction is commonly defined by multiple aspects, including emotional cohesion, affectional expression, consensus, and constructive conflict handling (Cohen & Byers, 2015; Conradi & Noordhor et al., 2017). In turn, when a lesbian relationship is experiencing complete satisfaction, women reported fewer negative thoughts during sexual interactions, better sexual esteem, less anxiety during sexual activity, more desire for sexual activity with their partner, and a higher frequency of both non-genital and genital sexual behaviors with their partner and continued to report high relationship satisfaction (Cohen & Byers, 2015).

Clinical Interventions

Clinical interventions relied heavily on Emotionally Focused Couples Therapy (EFT), in addition to Integrative Behavioral Couples Therapy (IBCT). EFT was used to strengthen and enhance the secure attachment within the individual and couple. By strengthening the secure attachment, this improved both the sexual satisfaction and the overall relationship. The use of EFT within couples therapy allows the defenses of avoidance and intimacy to reveal vulnerability to underlying attachments needs of validation and support. A specific focus of IBCT is the acceptance of differences and emotional sensitivity and to increase empathy between the couple. Both interventions allow the couple to end the negative cycle of communication style and for each other to understand how the negative defense mechanisms were used unconsciously

to protect each other from damaging exchanges. (Conradi & Noordhor et al., 2017; Mohr et al., 2013; Scheer et al., 2020)

Future Research

There is a considerable amount of research to be continued within the LGBTQ+ community and, in particularly, within the dynamics of lesbian relationships. Greene & Britton (2012) mentions self-esteem continues to be a vital area of theory and research which is one of the largest areas of investigation. Current self-esteem scales: the traditional Rosenberg RSES and the revised six item-SSES-6 are reliable and perhaps additional scales are needed to produce further research to understand the role of self-esteem within the LGBTQ+ community.

Limited research has investigated the sexual aspects of lesbian relationships. Cohen & Byers (2015) mentions minority stress is a risk factor for poorer psychosocial well-being and affects sexual functioning. In addition, replication is needed of research studies in which the frequency of lesbian couples engaging in sexual activity. A quantitative study proposed as the method to capture the frequency, genital or non-genital sexual activities, emotions and cognition as literature reviews lack important aspects involved to understand the sexual dynamics in a lesbian relationship and to accurately investigate further research studies. Mohr (2013) recommended a study on same-sex couples to advance the understanding of ways that attachment intersects with sociocultural factors such as gender socialization and social stigma in romantic relationship experiences, the differences in levels of attachment insecurity or in associations between attachment and romantic relationship quality.

And lastly, future research into the DSM 5-TR and the effects of shame as a critical area to explore in SMG individuals given the heightened exposure to violence, stigma related stress, potentially traumatic events, and poor mental and physical health. Emerging research points to

shame as a key contributor to the onset and maintenance of health issues among those with potentially traumatic events exposure (Scheer et al., 2020), there is a need for this to be investigated, possible reconstructed, added, or redefine Trauma- Stressor- Related Disorders (295) F43.10 Posttraumatic Stress Disorder.

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