

Just Say I Love You - A Phenomenological Approach to Understanding the Impact of
Attachment on Lesbian Adoptees' Experiences of Coming Out to Adoptive Parents

Alissa M. Irwin

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology

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Abstract

An appreciable body of research has been published on adoption and on sexual identity development; however, there remains a critical lack of information available to help us understand the lived experiences of people who were adopted and who have come out as a sexual minority. This phenomenological study sought to explore the impact of attachment on the coming out experiences of lesbian adoptees when self-disclosing their sexual orientation to their adoptive parent(s). Eight cisgender women, 18 years of age and older, who self-identified as lesbians and who were legally adopted between the time of birth and 12 months of age were the focus of this study. Participants took part in 60- to 90-min qualitative interviews wherein they responded to three main open-ended questions (and subsequent queries) pertaining to the adoptee experience, identification as a lesbian, and the coming out process. Using the modified Stevick-Colaizzi-Keen method of phenomenological data analysis, the researcher ascertained six major themes and four minor themes following transcription of the interviews. The six major themes were: (a) Identity Confusion; (b) Influence of Upbringing and Fundamental Beliefs; (c) Fear of Detection; (d) Rejection Fantasies; (e) Desire for Authenticity and Connectedness; and (f) Shifting Family Dynamics. The four minor themes were: (a) Intersectionality of Core Identities; (b) Attribution of Blame; (c) Impact of Situation and Environment on Disclosure; and (d) Need for Repeated Self-Disclosure. Results indicate the influence of attachment seemed most significant on the experience of rejection fantasies and on relationships to primary attachment figures following self-disclosure when compared to both the LGBTQ+ population and to nonadopted lesbians. The clinical implications of these findings, as well as a discussion of the limitations and directions for future research, are discussed.

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Chapter 1: Nature of the Study

Background

The process of coming out represents a pivotal piece of the identity formation journey in the lives of millions of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) individuals. It is the time when one works to accept their sexual orientation or gender identity and decides to share it with other people. Coming out is not an experience that can be conquered in a single day, as the decision to live openly and authentically can be daunting. Although some headway has been made in the quest for equal rights, identification as a member of the LGB community has historically led to marginalization within society (Groo, Bimbi, Nanin, & Parsons, 2006). As a result, this act of self-disclosure represents a major psychological decision due to perceived fears and the potential for negative consequences (Heatherington & Lavner, 2008).

Self-disclosure to family members, especially parents, is often seen as the greatest challenge (Ben-Ari, 1995; Carnelley, Hepper, Hicks, & Turner, 2011; Holtzen, Kenny, & Mahalik, 1995; Savin-Williams & Ream, 2003). This decision is largely mediated by the extent to which a parent can be seen as trustworthy (Boon & Miller, 1999). That is, the estimated likelihood a child will experience acceptance and support versus emotional or physical rejection. These relational dynamics play a central role in regulating the affect and support-seeking behaviors of individuals on the sexual minority spectrum (Mohr & Fassinger, 2003). Holtzen et al. (1995) found that children with a secure attachment to their parents are more likely to come out to them. These data draw a direct correlation between attachment styles and sense of security within biological families. What the data neglect to consider are the implications for LGBTQ+ children who were not raised by their birth parent(s). This is especially salient for

those who were relinquished for adoption, as research has suggested that these individuals are much less likely to form secure attachments with others (Feeny, Passmore, & Peterson, 2007).

Attachment theory posits that the development of attachment-related behavioral patterns is directly linked to an infant's experience with a primary caregiver (Ainsworth, 1989; Bowlby, 1969). From an early age, children begin to form internal working models which reflect their perceptions of attachment figures' capacity to provide a safe and caring environment. These models typically develop with age and act as "guides and predictors of future behavior for the child and analogous attachment figures"; however, when there is a "traumatic separation," they can become fixed (Archer & Burnell, 2003, p. 65; Fonagy, 2002). As a result, these internal working models of attachment often remain fragmented and unintegrated. This may leave affected individuals at an increased risk for experiencing rejection and abandonment later in their development (Sochoberg-Winterberg & Shannon as cited in Bruining, 1995).

Described as the "primal wound," Nancy Verrier's (1993) research on adoptees, adoptive families, and birth parents supports this conclusion (p. 1). She affirmed that suspending the connection between a child and their biological parents cannot be done without some sort of psychological consequence. The resulting relational patterns have significant long-term implications for both the cognitive and behavioral responses of adoptees. This is especially significant during instances or events when attachment security is challenged, such as that which occurs when self-disclosing one's LGBTQ+ orientation to primary attachment figures.

Overall, the decision to come out does not inherently have negative implications for child-parent relationships; yet, data from nonadoptees who have self-disclosed to their biological parents suggest fear of emotional or physical rejection, anticipation of disrupted family dynamics, and feelings of shame are common experiences (Potoczniak, Crosbie-Burnett, &

Saltzburg, 2009; Riley, 2010). How an individual navigates this distress ties back to the aforementioned findings of attachment research which cite the nature of the relationship between children and their parents as a primary moderating variable. Taken together, integration of the attachment literature examining the unique experiences of adopted individuals suggests those adoptees on the LGBTQ+ spectrum are likely to experience elevated fears and more negative outcomes when compared to biological children during the self-disclosure process.

Problem Statement

Over the past two decades, sociocultural shifts have resulted in the emergence of both public and scientific curiosity into the lives and issues of the LGBTQ+ community (Russell & Fish, 2016). This newfound interest has resulted in key advancements in gender, sexuality, and feminist studies, though much about the experience remains undefined. Specifically, research has been published on the process of sexual disclosure and on adoptee attachment to primary caregivers; however, the number of studies are limited and there are only two known empirical works which focus on the intersectionality of these identities (Bruining, 1995; Cain, 2017).

Given that an estimated 4.5% of the adult population in the United States identifies as LGBTQ+, and approximately 2-4 % of the American population is adopted, it has become important to examine this interaction (Romero, 2017; U.S. Census Bureau, 2012). Further, regardless of the referral question, both adoptees and individuals across developmental stages who identify on the LGBTQ+ spectrum seek mental health interventions in greater numbers than nonadoptees and those who identify as heterosexual (Atkinson, Gonet, Freundlich & Riley, 2013; Borders, Penny, & Portnoy, 2000; Bostwick, Boyd, Hughes, & McCabe, 2010; Cochran, Mays, & Sullivan, 2003). Though no formal data have been published on the target groups'

utilization of the mental health care system, deductive logic suggests they likely experience the same disparity.

Purpose of the Study

The purpose of this study was to explore the lived experiences of lesbian adoptees when self-disclosing their sexual orientation to primary attachment figures. Understanding the influence attachment has on the intersectionality of identification as an adoptee and as a sexual minority may provide one way to conceptualize how individuals in the target population engage in, experience, and understand this integral part of sexual identity formation. By gathering narrative works from lesbian adoptees via in-person and remote interviews, the researcher hopes to add to a severely limited body of literature highlighting within- and between-group differences among members of the greater LGBTQ+ community. Specifically, this research was intended to prompt consideration of and appreciation for an often overlooked and underrepresented population within the lesbian community.

Research Questions

The overall question guiding this study was: Does being adopted influence the coming out process for lesbian women when self-disclosing their sexual orientation to their adoptive parents? The study was further grounded by two subquestions:

1. Can any consistent disparities be explained by fundamental differences in attachment to primary caregivers when compared to nonadopted lesbians and to the greater LGBTQ+ community?
2. Were there sources of support or resources available which may have mitigated the impact of unhealthy attachment styles?

Conceptual Framework

Studies examining data gathered from research with LGBTQ+ populations have utilized numerous frameworks to explore how multiple identities and family dynamics influence the experience of self-disclosure to an individual's parents. A conceptual framework is the system of concepts, assumptions, expectations, beliefs, and theories used to support and inform this research (Miles & Huberman, 1994). It is the tentative theory underlying the phenomena of investigation. This study was informed by theoretical models of attachment, sexual identity development, and adoptee identity formation; however, attachment theory was chosen as the primary anchor to unify these concepts with the findings of this research.

Attachment theory originated with the work of John Bowlby in the 1950s and was subsequently expanded upon by the research of individuals such as Mary Ainsworth, Mary Main, and Judith Solomon. It began as an evolutionary theory to describe the impact of maternal separation in infants and has formed the basis for understanding relationship formation, maintenance, and growth (Bowlby, 1969; Gray, 2002). Due to the long-term implications of attachment relationships, this theory holds particular relevance for this empirical inquiry. Research has found that emotional ties formed during childhood (i.e., "emotional security") tend to remain stable over time and are a primary influence on adaptability and future reactions to potential conflict (Bretherton et al., 1990; Davies & Cummings, 1994). For the purposes of this research, the "potential conflict" is defined as an individual's decision to disclose their sexual orientation to their parents.

Multiple studies have successfully integrated attachment theory into an understanding of the adoptee experience and the influence of parent-child relationships on sexual identity formation (Boon & Miller, 1999; Gray, 2012; Holtzen et al., 1995; Schofield & Beek, 2005). To

the contrary, only a few studies have applied attachment models to lesbian identity formation and even fewer have attempted to define the lesbian adoptee experience. Taken together, the researcher chose to address this gap by working within the theory which had the most empirical support for both populations independently. Perhaps future research can integrate the findings of this dissertation to create the scaffolding necessary for a theory of lesbian adoptee sexual identity development.

Scope of the Study

This study focused on the self-disclosure experiences of cisgender women, 18 years of age and older, who self-identify as lesbians and who were legally adopted between the time of birth and 12 months of age. Potential participants were recruited nationally, though a majority resided in the Midwestern United States. Although the inclusion of other groups within the LGBTQ+ community would add to the overall sample size, combining the findings of all these individuals has the potential to obscure differences within and between them (Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, 2011). Therefore, the results of this dissertation are not intended to inform clinical practice related to interventions provided to other sexual minority groups.

Further, this study utilized a phenomenological research method grounded in attachment theory. Findings were presented as they related to the underlying assumption that people form social and emotional ties for security and support. The strength of the attachment (including subsequent expectations and beliefs) was cited as the primary factor determining the nature of the coming out experience. Though this conceptual framework was determined to be most effective for answering the primary research question, it is possible that alternative conceptual theories could have been used. One of the major critiques of attachment theory is the belief that

it minimizes the influence of social class, ethnicity, and culture on development (Hazan & Shaver, 1994). As a result, the potential influence of these domains was deemphasized throughout the data collection process and discussion of the results. This primary focus on the attachment relationship should not weaken the validity of the findings. Instead, the results should be examined with the awareness this is only one of the possible lenses through which this human experience can be viewed.

Definition of Key Terms

Adoption. When related to human children, the term *adoption* refers to “a legal procedure that provides a permanent home and family for a child [*adoptee*] whose biological parents are unable, unwilling, or legally prohibited from keeping the child” (Brumble & Kampfe, 2011, p. 157). Simply put, it is the term used to describe one way that a child becomes part of a family.

Attachment figures. During childhood, an attachment relationship is frequently described as an enduring, emotional bond that forms between a child and a particular individual (attachment figure) who provides them with security and comfort (Ainsworth, 1989). Psychological models examining these relationships recurrently identify primary attachment figures as one or both parents. Throughout development, a wider variety of relationship partners can function as attachment figures, including siblings, other relatives, friends, and romantic partners (Mikulincer & Shaver, 2007). Even so, many adults continue to have this meaningful association with their parents.

It is critical to define how the term *primary attachment figures* is utilized during this study, as the definition varies from person to person. In this context, “primary” refers to “earliest in time and order,” and does not necessarily correlate to the magnitude of this attachment bond

(Primary, n.d.). Correspondingly, “primary attachment figures” refers to one or both adoptive parents unless otherwise stated.

Come out. Frequently used to describe the experience of disclosing one’s sexual or gender identity to another person, this term evolved from the colloquialism “coming out of the closet.” It is understood as having both personal and relational aspects wherein individuals come out to themselves by recognizing their nonheterosexual identity before coming out to other people in their lives (D’Amico & Julien, 2012). Coming out is not a single event; rather, it is an “ongoing revelation and performance of self that comes into play each time someone new, or perhaps familiar (re)enters a queer person’s life” (Gray, 1991, p. 21). Of note, this study uses the words *coming out*, *sexual disclosure*, and *self-disclosure/self-disclosure experiences* interchangeably, as all terms are synonymous with one another.

Lesbian. The word *lesbian* refers to “a self-identified woman who has her primary sexual and emotional connections with other women” (Eliason, 2000, p. 314).

LGBTQ+. The present study uses this acronym to encapsulate a group of individuals who hold a range of gender and sexual identities. The initial “LGBTQ” most commonly refers to those who identify as lesbian, gay, bisexual, transgender, or queer. More recently, the “+” has been added to expand this acronym to represent other sexual identities such as pansexual, asexual, questioning, etc. and their allies. This term is a largely accepted and inclusive way to refer to this community and their supporters as a whole. *Sexual minority* is another term used to describe this population.

Significance of the Study

This ultimate goal of this research was to produce population-specific literature highlighting the influence of attachment on the sexual disclosure experiences of lesbian

adoptees. Further, the integration of these findings with existing data can provide a foundation for the development of empirically supported interventions for this target population.

Discovering how lesbian adoptees experience the coming out process has implications for researchers, clinicians, parents, and adoptees themselves.

As detailed in a previous section, current research on the mental health disparities characteristic of the lesbian and of the adoptee populations conclusively holds that people identifying within either group disproportionately experience more psychological difficulties and are overrepresented in inpatient and outpatient psychiatric referrals when compared to nonmembers (Atkinson et al., 2013; Borders et al., 2000; Bostwick et al., 2010; Cochran et al., 2003). Explanations of causality vary; however, the current study provided some insight on the potential root(s) of lesbian adoptees' maladaptive thoughts and behaviors. The potential psychological and behavioral sequelae unique to this target group's coming out experience were also highlighted. As a result, these findings can be used to inform both clinicians and researchers who focus their academic and professional interests on this population. This includes recommendations for future studies and population-specific intervention techniques.

Lesbian adoptees who have access to this dissertation study may also benefit from reading this work. Each individual's experience varies; however, both sexual minorities and adoptees have historically been misunderstood and marginalized (Friedlander, 2003; Grigorovich, 2010). This trend is often the result of unchallenged myths and stereotypes abundant in popular culture. Jensen (1999) stated, "To know that she may be a lesbian or bisexual, a woman needs to see positive, healthy images of ordinary lesbian or bisexual women with whom she can identify" (p. 150). Unfortunately, most families do not (or are unable to) provide role models or opportunities to socialize with other individuals sharing similar sexual

identities (D'Augelli, Hershberger, & Pilkington, 1998). This lack of tangible data to challenge myths and stereotypes may contribute to isolation and shame. Therefore, by providing this group with literature that specifically pertains to their experience, the findings of this research may provide validation and support as they navigate the sexual identity formation process.

Summary

Framed in attachment theory, the purpose of this study was to capture a deeper understanding of the unique experiences of lesbian adoptees who self-disclosed their sexuality to their adoptive parents. Understanding the influence attachment has on the intersectionality of identification as an adoptee and as a sexual minority may provide one way to conceptualize how individuals in the target population engage, experience, and understand this integral part of sexual identity formation. This research is especially critical as both adoptees and individuals within the LGBTQ+ community seek mental health interventions at a disproportionately higher rate than nonadoptees and those who identify as heterosexual (Atkinson et al., 2013; Borders et al., 2000; Bostwick et al., 2010; Cochran et al., 2003). Though no formal data have been published on the target group's utilization of the mental health care system, deductive logic suggests they likely experience the same disparity.

The remaining chapters in this dissertation project present the author's research and findings. Chapter 2 situates this study in the context of previous research and provides a synthesis of empirical literature relevant to the topic of interest. Chapter 3 describes the research approach and rationale for choosing phenomenology. Moreover, this chapter also describes the research setting and sample and outlines the data collection and analysis methods utilized. Chapter 4 presents the study's main findings, including the verbatim quotes from participants which contributed to the rich description of their experience. Chapter 5 contains the

interpretation and discussion of the results. This final chapter integrates the research questions, literature review, and conceptual framework to provide recommendations for clinicians interested in working with this population and affirmations for lesbian adoptees.

Chapter 2: Review of the Literature

Introduction

Framed in attachment theory, the focus of this research was to gain a deeper appreciation for the coming out experiences of lesbian adoptees when self-disclosing to their adoptive parents. Literature specifically examining this target population is meager. Nonetheless, this chapter will attempt to situate the present study in the context of previous research relevant to the topic of interest. Before selecting a methodology, the primary investigator completed a comprehensive review of three fundamental areas of information deemed central to this phenomenological inquiry: adoption, sexual identity formation, and attachment. The initial evaluation of empirically supported, peer-reviewed publications was broad to provide a foundation for data collection and analysis; however, it became increasingly narrow as the study progressed.

The following section contains an overview of the literature divided among the three fundamental areas and associated subtopics. These areas include: Adoption, Adoptee Identity Formation, Developmental Outcomes (of Adoptees), Sexual Orientation/Identity, Stage Models of Homosexual Identify Formation, Critiques of Stage Models, Lesbian Identity Development, Disclosure of Sexual Orientation, Lesbian Adoptees, LGBTQ+ Mental Health, Attachment Theory, Attachment and Adoptee Identity, and Attachment and Homosexual Identity. Additional information will also be presented within each subsequent chapter to bridge the findings, interpretation, and discussion of this dissertation study with the results of existing research.

Research Strategy

A comprehensive literature review was conducted using articles and books sourced from The Chicago School of Professional Psychology's library. Multiple databases were used including ProQuest, EBSCO, PsychINFO, and SAGE. Searches for key terms comprised

“lesbian,” “adoptee,” “lesbian adoptee,” “sexual identity formation,” “models of sexual orientation identity development,” “lesbian identity development,” “coming out,” “disclosure of sexual orientation,” “coming out to parents,” “attachment,” “adoptee attachment,” “adult attachment,” “lesbian attachment relationships,” “parental attachment following self-disclosure,” “adoptee clinical practice,” and “lesbian clinical practice.” These search topics became increasingly narrow as the review progressed. Approximately 50 pieces of literature were analyzed following these searches. The researcher selected the final sources utilized in this dissertation study based on their credibility and relevance to the research topic. A majority were published within the past 10-20 years, though foundational concepts and studies were cited from the original works in which they were published.

Adoption

One of the identities held by participants was that of an adoptee. Adoption is defined as the legal transfer of parental rights and responsibilities from a child’s birth parents to other adults who have been chosen to raise the child (Reitz & Watson, 1992). Every adoption story is unique. They vary by the characteristics of the adopted child, the characteristics of the adoptive parents, the circumstances leading to the adoption, and the adoption intermediary. Currently, approximately 2% of the United States population is adopted, either from foster care or through private domestic or international adoptions (Donaldson Adoption Institute, 2017).

There has never been a single, comprehensive and continuous data set capturing all adoption activity across the United States and its territories. Instead, the information that is available is often pieced together from different sources into annual reports (Javier, 2007). Per the most recent report released by the U.S. Department of Health and Human Services’ (2018) Administration for Children and Families, approximately 59,430 children were adopted within

the United States in 2017. The Annual Report on Intercountry Adoption showed American families adopted an additional 4,059 children from foreign countries between October 1, 2017 and September 30, 2018 (U.S. Department of the State's Office of Children's Issues, 2018). These reports only account for the adoption of children under the age of 18; however, it is important to note that adoption of adults can also occur. This process only requires the consent of the adult wishing to be adopted and that of the person willing to adopt. This study focuses on the experiences of participants who were adopted during infancy, therefore, the information presented in the remainder of this section generally refers to those adopted before the age of 18.

As eluded to previously, there are three major pathways by which individuals are adopted: domestic adoption of children from the welfare system, domestic adoption of children through private agencies and intermediaries, and via international adoption. The timeline from initiation of the adoption process until it is finalized in court varies depending on numerous factors. These include the child's country of origin, availability of children, the duration of time it takes to complete the home study and preplacement paperwork, and any specifications/limitations established by potential adopters. Of note, 62% of children adopted privately are placed with their adoptive family when they are less than 1 year old (Vandivere, Malm, & Radel, 2009).

Adoptions are further defined according to whether they are open or closed. This refers to the amount of contact permissible between the birth parents, the adoptive parents, and the child following completion of the adoption process. Open adoption allows for a predetermined degree of communication. The amount of contact varies from photographs or letter writing, to open contact among all parties. Open adoptions are more likely to occur for older children, who may already have information about their birth families or for those who want to stay in touch

with their siblings. A closed adoption occurs when no identifying information is shared between the birth parents, adoptive parents, and the adopted child. Records are sealed once the adoption is finalized and may or may not be returned to the adoptee once they turn 18 (National Adoption Center, n.d.).

Adoptee Identity Formation

As human beings develop, they seek to understand who they are and what their place is in this world. This lifelong process begins in childhood, becomes increasingly significant during adolescence, and is recognized as a core developmental task in emerging adulthood (Newman & Newman, 2008). Identity formation can involve both societal and cultural domains. The identities most commonly discussed in the literature include age, ability status (disabled vs. able-bodied), religion/spiritual orientation, ethnic or racial identity, socioeconomic status, indigenous heritage, national origin, gender, and sexual identity (Hays, 2001). We now know there are a multitude of other identities impacting these core domains (such as identity as an adoptee); however, they are often underrepresented in the literature. This discrepancy may be due to fluctuations in the number of people holding these identities, varying levels of awareness, or stigma and discrimination resulting from the mores and values of society at large. Regardless of which identities are held, individuals who can understand and successfully integrate these various domains into a cohesive whole experience more positive long-term outcomes, including increased satisfaction in interpersonal relationships and feelings of well-being (Erikson, 1959, 1968; Kosciw, Palmer, & Kull, 2015).

To most effectively illustrate how the task of identity formation differs for adoptees versus nonadoptees, it is necessary to introduce one of the foundational models in identity formation research: Erik Erikson's stages of psychosocial development. Erikson was one of the

first individuals to propose a lifespan model which included eight successive psychosocial stages. He believed a person experiences a conflict, termed an “identity crisis,” that must be resolved to successfully progress to the next stage. This does not imply an individual will necessarily resolve the conflict in a healthy manner, it simply indicates they have responded to the identity crises. Erikson (1959) noted, “In a developmental sense [an identity crisis is meant] to connote not a threat catastrophe, but a turning point, a crucial period of increased vulnerability and heightened potential” (p. 96). His primary interest was understanding how social interactions and relationships in each stage influence the resolution of these conflicts throughout human growth and development. Erikson’s eight stages of psychosocial development include: (a) Trust vs. Mistrust; (b) Autonomy vs. Shame/Doubt; (c) Initiative vs. Guilt; (d) Industry vs. Inferiority; (e) Identity vs. Role Confusion; (f) Intimacy vs. Isolation; (g) Generativity vs. Stagnation; and (h) Integrity vs. Despair (Erikson, 1959).

The stage most often impacted by relinquishing a child for adoption is Erikson’s first stage of identity development, Trust vs. Mistrust. Typically lasting from infancy through 18 months of age, babies must learn that adults (primary attachment figures) can be trusted. When caregivers meet the child’s basic needs for survival and respond in a sensitive manner, an infant will begin to see the world as a safe, predictable place. If their needs are not appropriately met, they may develop a sense of mistrust in others and, if this developmental task goes unmastered, feelings of inadequacy (Erikson, 1968). These perceptions can remain with individuals throughout their identity development journey. The specific impact failure of this stage has on relationships to primary attachment figures will be further discussed in a subsequent section (Attachment and Adoptee Identity).

Erikson's second stage encompasses the development of Autonomy versus Shame/Doubt. Between the ages of 1 and 3 years old, toddlers begin to explore their world. They learn they can control their actions, including bodily functions, and that they can act on their environment to get results. If a child is denied the ability to act independently, feelings of self-doubt may emerge (Erikson, 1959). The third stage begins during the child's preschool years. Social interactions and play with peers are especially important during this time. According to Erikson (1959), children must resolve the task of Initiative versus Guilt, wherein they learn to initiate tasks and to carry out plans. Preschool-age children still look to their parents to support their choices. If/when this occurs, self-confidence will develop and they may begin to feel a sense of purpose. If a child is unsupported or overcontrolled by their parents, they may develop feelings of guilt (Erikson, 1959).

Erikson's fourth stage centers on the task of Industry versus Inferiority. This is a time when children begin to compare themselves to others. If they feel they measure up, they will likely develop a sense of pride. Alternatively, they may develop feelings of inferiority if they perceive themselves to be inadequate when compared to others (Erikson, 1959). From the ages of 12 to 18, adolescents face the task of Identity versus Role Confusion. This is the time when an individual answers the question of "Who am I?" Successful completion of this stage results in a strong, unwavering sense of identity. Feelings of apathy or intense pressures from one's parents can lead to a weak sense of self and children may experience role confusion (Erikson, 1959).

From the time an individual enters adulthood through their early 40s, they strive to share their lives with others. Achievement during this stage of Intimacy versus Isolation is largely dependent on an individual's success through the previous five stages. If one has not yet

developed a positive self-concept, they may be more prone to experiencing loneliness and emotional isolation (Erikson, 1959). The seventh stage is Generativity versus Stagnation. It extends from the mid-40s to the mid-60s. The task underlying this stage is largely social. It involves identifying one's life work and contributing to the development of others. This may be accomplished through activities such as parenting, volunteering, and the work they do in their career. If an adult does not feel they're making a significant impact, they may experience stagnation. This involves isolation from others and a reduced interest in productivity or self-improvement (Erikson, 1982). The final stage centers on Integrity versus Despair. Erikson proposed that, until the end of life, a person engages in reflection and either feels accomplishment or failure. Individuals who are proud of their accomplishments will likely develop a sense of integrity. People who feel like a failure do not successfully complete this stage. They may experience regrets and could perceive their life to have been wasted. This may generate feelings of bitterness, depression, or despair (Erikson, 1982).

As aforementioned, this comprehensive introduction to Erik Erikson's stages of psychosocial development was intended to provide a basis for a comparison of the adoptee versus nonadoptee experience. Adoption adds a layer of complexity to identity development, as adoptees hold dual identities—one related to adoption and the other related to biology (Evan B. Donaldson Adoption Institute, 2009). Brodzinsky, Schechter, and Henig (1993) proposed a "stress and coping" developmental model which outlines their understanding of adoptee identity formation. Their design adapts the tasks presented in 7 of the 8 stages of Erikson's model into adoption-related tasks (see Table 1 below).

Table 1

A Psychosocial Model of Adoption Adjustment

Age	Erikson's Psychosocial Tasks	Adoption-Related Tasks
Infancy	Trust vs. Mistrust	Adjusting to transition to a new home. Developing attachments, especially in cases of delayed placement.
Toddlerhood and Preschool	Autonomy vs. Shame/Doubt	Learning about birth and reproduction. Adjusting to initial information about adoption. Recognizing differences in physical appearance, especially in interracial and intercountry adoption.
Middle Childhood	Industry vs. Inferiority	Understanding the meaning and implications of being adopted and searching for answers. Coping with physical differences from family members, stigma associated with adoption, and peer reactions to adoption. Grieve loss even when happy with adoptive family. Begin to understand legal process; fears of being taken or relinquished again become conscious. Can express anger, hurt and sadness about feelings of abandonment and/or rejection.
Adolescence	Ego Identity vs. Identity Confusion	Further exploration of the meaning and implications of adoption. Connecting adoption to one's sense of identity. Coping with racial identity in cases of interracial adoption, physical differences from family members, and adoption-related loss. Desiring more information about birthparents.
Young Adulthood	Intimacy vs. Isolation	Further exploration of the implications of adoption as it relates to the growth of self and the development of intimacy. Additional considerations of searching and/or beginning the search. Facing one's unknown genetic history in the context of the birth of children. Coping with adoption-related loss.
Middle Adulthood	Generativity vs. Stagnation	Further exploration of the implications of adoption as it relates to the aging self. Further considerations of searching. Coping with adoption-related loss.
Late Adulthood	Ego Integrity vs. Despair	Final resolution of the implications of adoption in the context of a life review. Final considerations regarding searching for surviving biological family.

Note. Adapted from "A Psychosocial Model of Adoption Adjustment," by D. Brodzinsky, M. Schechter, & R. Henig, n.d. (https://www.americanadoptioncongress.org/grief_brodzinsky_article.php)

The basic thesis underlying this model is the idea that the process of adoption exposes both adoptees and adoptive parents to a unique set of psychosocial conflicts. Consistent with Erikson's theory that individuals must resolve their identity crisis in each stage, Brodzinsky

(1987) assumed that the extent to which adopted children and their parents acknowledge the unique challenges associated with family life, and how they subsequently attempt to cope with them, largely determines their pattern of adjustment. Schechter & Bertocci (1990) wrote, “Identity does not have closure in adolescence or young adulthood but continues to evolve over the lifespan and through the search, adoptees are seeking reconciliation and cohesion of many complex perceptions, cognitive systems, and self-object representations” (p. 80).

Early adoption literature frequently assumes identity formation is more complex in adoptees than in nonadoptees (Brodzinsky, 1987; Rosenberg, 1992); however, researchers have not reached a consensus. Based on a sample of 811 children adopted as infants, the Search Institute concluded there were no significant differences in questions related to overall identity when directly comparing adoptees with their nonadopted siblings (Benson, Sharma, & Roehlkepartain, 1994). This finding was further supported by at least two additional studies measuring outcomes of adoptee identity formation (Goebel & Lott, 1986; Stein & Hoopes, 1985). Conversely, the Search Institute also concluded two thirds of their participant population reported they would like to meet their birth parents and approximately two fifths disclosed they thought about adoption daily (Benson et al., 1994). In their analysis of this discrepancy, Baden and Wiley (2007) concluded it is not yet possible to definitively assert that outcomes associated with successful completion of each stage of the adoptee identity formation process are equitable to those experienced by nonadoptees.

Developmental Outcomes

In addition to examining adoptee identity formation, researchers have focused on the psychological and behavioral adjustment of adopted children. When compared to youth who remain in the foster care system, or to children mistreated by their biological parents, adoptees

tend to function much better (Bohman & Sigvardsson, 1990; Van IJzendoorn & Juffer, 2005). On the contrary, when compared to biological children raised in stable family environments, some groups of adoptees function at lower levels (Howard, Smith, & Ryan, 2004; Sharma, McGue, & Benson, 1998; Verhulst, 2000). The root of this discrepancy has been tied to two factors: preadoption experiences and age at adoption (Barth & Berry, 1988; Levy-Shiff, 2001; Sharma et al., 1998).

Adopted individuals are often at an increased risk for having experienced hardships such as institutional rearing, poor prenatal care, malnutrition, deprivation, insufficient medical care, neglect, and maltreatment (Grotevant & McDermott, 2014; Johnson, 2002). Depending on whether or not a child is exposed to these risk factors, and, if so, the duration of exposure, they can experience both physical and neurobiological effects (e.g., growth deficiencies, short-term and/or long-term infectious diseases, changes in their ability to manage stress, etc.; Gunnar & Vasquez, 2006; Johnson et al., 1992). Developmental delays are also a common finding among children adopted internationally (Morison, Ames, & Chisholm, 1995; Ruttmer, 1998). In Miller and Hendrie's (2000) longitudinal study of children adopted from China, approximately 55% had experienced gross motor delays, 49% had experienced fine motor delays, and 44% were found to have global delays (delays in three or more domains). They further noted their findings mirror research on other groups of international adoptees suggesting some conditions are not location dependent, though differences in the long-term outcomes remains unknown (Miller & Hendrie, 2000)

Adoption can also have mental health implications across the lifespan. Both domestic and international adoptees show an increase in behavioral problems and significantly higher rates of mental health referrals than nonadoptees (Atkinson et al., 2013; Borders et al., 2000; Van

IJzendoorn & Juffer, 2005). In a study of the mental health of U.S. adolescents adopted during infancy, Keyes, Sharma, Elkins, Iacono, and McGue (2008) found the odds of being diagnosed with attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) were approximately twice as high in this population when compared to nonadoptees.

Sexual Orientation/Identity

Developing a meaningful sense of one's sexual orientation and identity is a critical undertaking often engaged in by the time an individual reaches emerging adulthood. This process centers on the cognitive and behavioral sequelae experienced in response to feelings of physical, emotional, sexual, and romantic attraction towards same-sex and or/other sex individuals. Although the terms *sexual orientation* and *sexual identity* are used interchangeably in this dissertation study, they are distinctive from one another. Sexual identity is a broad, socially recognized label which encompasses sexual behaviors, erotic fantasies/attractions, gender identity, social-sex role, and self-identification (Mohr & Fassinger, 2003; Savin-Williams & Ream, 2003). Unlike sexual orientation, sexual identity is affected by time, environment, culture, and personal interactions (Longmore, 1998). Sexual identity does include sexual orientation but is not restricted to it.

Sexual orientation has characteristically referred to erotic/romantic feelings, thoughts and fantasies one has for same-sex (homosexual), opposite sex (heterosexual), both same-sex and opposite sex (bisexual), or neither sex (asexual) individuals. Put simply, it is who you are attracted to and who you want to have relationships with. Research into the origins of sexual orientation has historically resulted in a polarizing debate between the significance of nature (e.g., genetics, physiology) versus nurture (e.g., social, environmental). Contemporary views are beginning to hypothesize this process is much more complex. Multiple scholars have

acknowledged both biological influences and social constructs potentially contribute to how sexual orientation is experienced and portrayed on both an individual and systemic level (Bailey et al., 2016; Diamond & Rosky, 2016; Manzouri & Savic, 2018).

Stage Models of Homosexual Identify Formation

Scientific inquiry into the process of homosexual identity formation (also called the stages of coming out) was introduced into the literature in the late 1970s. During this time, several stage models were published which attempted to describe the process by which an individual adopts their homosexual identity (Cass, 1979; Coleman, 1982; Lee, 1977; Plummer, 1975; Savin-Williams, 1990; Troiden, 1989). Built on the ideas of developmental theorists Erik Erikson and Harry Stack Sullivan, these early models posited both lesbian and gay identity is “acquired through a developmental process and that the locus for stability and change lies in both intra- and inter-personal experiences” (Coleman, 1982; Desnoyers, 2014, pp. 26-27). Each model differs based on the number of stages and their names; however, all build upon shared characteristics: awareness of difference, confusion/exploration, acceptance of identity, and synthesis of identity (Bilodeau & Renn, 2005; UNC Safe Zone, 2008).

The initial stage of each model typically begins with awareness of difference. This is the time when an individual starts to experience physical, emotional, sexual, and romantic attraction towards same-sex peers. Concurrently, cognitive dissonance between desires and self-judgments may unfold. This often stems from internalized homonegativity though this is largely dependent on the values of an individual’s family and of the greater system to which they belong. As a result, an individual may engage in multiple defense strategies to counter their homosexual feelings. The second stage begins with the exploration of same-sex feelings and attractions. This is often the time when an individual makes contact with the LGBTQ+ community and/or

has their first same-sex relationship. If individuals have access to support and role models, their experience may shift from feelings of isolation to an increasing sense of personal normality.

Acceptance of this sexual identity progresses during the third stage as a person develops a positive concept of the self as a gay or lesbian individual. They begin to solidify who they are, who they are attracted to, and with whom they want to engage in relationships. The fourth stage can be a time when an individual selectively discloses their sexual orientation to other people.

The final stage is achieved when one's sexual identity is fully integrated with the other aspects of their identity (synthesis). Their lived experience is no longer dominated by the process of homosexual identity formation. People vary in their openness and nondefensiveness. Some may choose to openly self-disclose, while others may be more reserved. As aforementioned, this varies depending on the environment and system to which an individual belongs (Cass, 1979; Coleman, 1982; Lee, 1977; Plummer, 1975; Savin-Williams, 1990; Troiden, 1989; UNC Safe Zone, 2008). To elucidate how these concepts are translated into theory, a description of one of the foundational homosexual identity formation model has been included below.

Cass's stage model. Vivienne Cass (1979) proposed one of the most widely accepted theories of gay and lesbian identity formation. Her initial six-stage model included cognitive, affective, and behavioral components (Alessi, Bonnie, Kulkin, & Ballard, 2011). According to this framework, individuals are motivated to progress through each stage by a desire to resolve feelings of incongruency they experience between self-perceptions, behaviors, and how they perceive others to view them. Much like the theories of identity development from which Cass's model was derived, progression through each stage is sequential and is dependent on an

individual's ability to reconcile the incongruencies of the previous stages. If this does not occur, one can become temporarily or permanently stuck at any stage (Cass, 1979).

The stages of Cass's (1979) model include: Identity Confusion (awareness of physical, emotional, sexual, and romantic attraction towards same-sex peers resulting in feelings of bewilderment); Identity Comparison (an understanding this experience may be nonnormative, resulting in feelings of alienation from nonhomosexual individuals); Identity Tolerance (commitment to one's homosexual identity increases, though it is felt as tolerance, rather than acceptance); Identity Acceptance (self-disclosure of sexual orientation increases, but remains selective); Identity Pride (dichotomization between views of heterosexuals and homosexuals may result in anger towards society's nonacceptance of homosexuality); and Identity Synthesis (sexual orientation is no longer hidden and disclosure becomes a nonissue; Alessi et al., 2011; Cass, 1979; Coletta, 2016). Subsequent research by Cass (1984) to empirically validate her model resulted in a reduction of the number of stages from four to six; however, the original version seems to be that most referenced in the literature.

Critiques of Stage Models

Historically, stage models were the standard by which the identity development of individuals belonging to the gay and lesbian populations was measured. This method provided important insights during a time when little was known about this population; however, recent research suggests stage models are no longer adequate to describe all non-heterosexual identity formation processes (Bilodeau & Renn, 2005). As scholars have expanded their understanding of sexual diversity beyond "gay" and "lesbian" identities, stage models have been critiqued for overgeneralizing their findings, being too linear, assuming sexual orientation and sexual behavior will match, using outdated language, and for neglecting to consider social and cultural

influences that may be inseparable from sexual identity development (Bilodeau & Renn, 2005; Fassinger, 1998; Kinsey, Pomeroy & Martin, 1948; Golden, 1996; Savin-Williams, 2005).

In response to the shortcomings of stage-based theories, additional models have been created. D'Augelli (1994) proposed a lifespan approach to sexual orientation and gender identity development. This model considers environmental and biological factors previously ignored in sexual identity development research (Bilodeau & Renn, 2005). He also integrated the idea that sexual orientation varies in fluidity across the lifespan (D'Augelli, 1994). D'Augelli's model describes six "identity processes" that are independent of one another and do not have to be engaged in sequentially (Bilodeau & Renn, 2005). These processes include exiting heterosexuality, developing a personal LGB identity, developing a LGB social identity, becoming a LGB offspring, developing a LGB intimacy status, and entering a LGB community (D'Augelli, 1994).

Though this model continues to define homosexual identity into three narrow categories, research by Bilodeau (2005) noted transgender participants described their gender and sexual identity processes in a way that reflects D'Augelli's model. This affirms the utility of introducing personal, social, and cultural context into identity development research. Additional studies have also focused on the creation of identity development models unique to other subgroups within the LGBTQ+ community, including lesbian women.

Lesbian Identity Development

Multiple stage models specific to lesbian identity development have been generated across time (Chapman & Brannock, 1978; Coleman, 1982; Garnets & Kimmel, 1993; Hanley-Hackenbruck, 1989; Kitzinger & Wilkinson, 1995; Morris, Ojerholm, Brooks, Osoweeicki, & Rothblum, 1997; Ponse, 1978; Sophie, 1986). Each lesbian identity model seeks to delineate the

lesbian experience from that same general course repeatedly depicted in the literature. Despite this objective, a majority were created through the synthesis of traditional paradigms of homosexual identity formation (Coletta, 2016). As a result, all models (regardless of the identified population) build upon the same characteristics (Bilodeau & Renn, 2005; UNC Safe Zone, 2008).

Sophie's stage model. The most widely referenced lesbian identity development model was created by Joan Sophie in 1986. She proposed lesbian identity was established across four stages: first awareness, testing and exploration, identity acceptance, and identity integration (McCarn & Fassinger, 1996; Sophie, 1986). Information was collected through structured interviews with 14 women who were “experiencing changes with respect to their sexual orientation” (Sophie, 1986, p. 39). Results were then compared to traditional stage models of sexual identity formation wherein at least four notable differences emerged: contact with the LGBTQ+ community did not necessarily proceed initial awareness of same-sex attractions, self-disclosure to others was not mutually exclusive to alienation, first relationships occurred earlier in the process than previously depicted, and identification as a lesbian woman did not always prompt negative self-perceptions (Coletta, 2016; Sophie, 1986).

Disclosure of Sexual Orientation

One of the hallmark steps universal to the homosexual identity formation process occurs when an individual feels ready to disclose their homosexual identity to others. This disclosure is colloquially known as “coming out.” As mentioned previously, coming out is not a one-time event. It occurs across the lifespan and is influenced by factors such as age and racial/ethnic identity (Floyd & Bakeman, 2006; Grov et al., 2006; Rosario, Scrimshaw, & Hunter, 2004). Broad changes in society have resulted in increased tolerance and/or acceptance of the

homosexual community; however, individuals holding this identity (and other minority identities) continue to face stigmatization and discrimination. Consequently, the self-disclosure process differs among individuals across time and space.

According to the most recent comprehensive survey of LGBT adults in the United States, approximately 86% of participants indicated they have told one or more close friends about their sexual orientation or gender identity (Pew Research Center, 2013). This percentage is significantly higher than measures of self-disclosure to family members. Specifically, within the same sample of LGBT adults, only 56% of the individuals had self-disclosed to their mother and only 39% had self-disclosed to their father (Pew Research Center, 2013). The discrepancy between parental disclosures has been tied to both fundamental differences in the attachment relationships between children and each parent and the heightened levels of stigmatization often characterizing men's views of sexual minorities (Connell, 1995; Rosen & Burke, 1999).

Additional research on coming out has largely focused on the influence of age. Floyd and Bakeman (2006) found generational differences significantly influenced the age at first disclosure. Among their sample of 767 gay, lesbian, and bisexual individuals, older participants disclosed to both their parents and their peers later in life than the younger sample group. This finding was supported by Grov et al. (2006) who divided their participant data into two age brackets. They discovered LGB individuals who were less than 24 years old at the time of their study disclosed earlier than individuals who were 25 years of age and older. Collectively, both studies suggest age does not negatively influence progression through homosexual identity formation though generational influences might delay initiation.

Ethnic/racial differences affecting the coming out process have also been identified. When comparing the experiences of ethnic minority youth, Rosario et al. (2004) found both

Black and Latino adolescents disclosed to fewer people than White youth did. When these self-disclosure habits were further stratified by who ethnic minority youth chose to come out to, Black and Asian adolescents were less likely to come out to their parents than White and Latino children (Groves et al., 2006).

As mentioned in the previous section, self-disclosure is viewed as a necessary step towards healthy identity formation (Cass, 1984). The decision to not disclose can have significant impacts on one's health, safety, and well-being (Dunst, Trivette, & Deal, 1994). Individuals who choose not to come out to their parents are at an increased risk for depression (Gramling, Carr, & McCain, 2000), substance abuse (Goldfried & Goldfried, 2001), suicidal behaviors (D'Augelli & Hershberger, 1993; Rotheram-Borus, Hunter, & Rosario, 1994), homelessness (Ryan, Huebner, Diaz, & Sanchez, 2009), and other health risks (Cochran et al., 2003; Heck, Sell, & Gorin, 2006).

Lesbian Adoptees

One of the primary reasons this researcher chose to investigate the coming out experiences of lesbian adoptees was to address a significant gap in the scientific literature. Though modest compared to other areas of research, there are established bodies of knowledge dedicated to understanding the process of sexual disclosure and adoptee attachment to primary caregivers, independently. Conversely, there are just two known empirical works which focus on the intersectionality of these identities. Only one of these specifically examines the self-disclosure experiences of the target population. Further, the available literature on LGBTQ+ adoptees is restricted to lesbian women. The researcher could not find any literature investigating how adoptee identity influences other groups within the LGBTQ+ community.

The earliest study investigating lesbian adoptees was published in 1995. Although the name for the exact methodology was not included in the work, the description most closely resembled phenomenology. Mi Ok Bruining (1995) interviewed 13 adopted lesbians using a set of nine semistructured interview questions. These questions centered on the following topics: (a) personal information; (b) relationship status; (c) children/childhood; (d) counseling/therapy; (e) adoptive family; (f) adoption issues; (g) birth parents/family; (h) sexual identity/lesbian issues; and (i) personal conclusions and insights related to the topic of identity formation. A primary finding of Bruining's research was that "an overwhelming majority of lesbians who were adopted and were interviewed for this study felt more comfortable with their lesbian identity than with their [associated] adoption issues" (p. 57). Her data also supported the limitation this researcher placed on participants' age of adoption. According to Bruining, women who were adopted over the age of 1 year old felt increased feelings of shame over the adoptive identity; whereas, lesbians who were adopted around 6 months of age indicated the "adoption experience was positive and nonconflictual" (p. 58). She suggested this discrepancy could be due to the stigma around adoption present in the 50s and 60s (Bruining, 1995).

The second article examining the experience of lesbian adoptees was a Ph.D. level dissertation published in 2015 by Theresa Cain. Using a mixed-methods design, she explored how adoption influences the coming out process for lesbian women, if the type of adoption (i.e. open or closed adoptions) influences adoptive and/or lesbian identity, how the process of coming out as a lesbian has changed over time for adopted women, the impact of cultural norms on the lived experiences of adoptees and lesbians, and the supports and resources most beneficial to her target population when navigating the coming out process (Cain, 2015). At the conclusion of her research, Cain's quantitative findings from a sample of 122 women suggested there were no

differences in lesbian or adoptee identity stemming from the type of adoption. Data collected qualitatively from follow-up interviews with 14 of the women indicated identity as an adoptee contributed to increased fear and worry during the coming out process, irrespective of the type of adoption (Cain, 2019).

LGBTQ+ Mental Health

As previously mentioned, both adoptees and individuals who self-identify on the LGB spectrum seek mental health interventions in greater numbers than non-adoptees and those who identify as heterosexual (Atkinson et al., 2013; Borders et al., 2000; Bostwick et al., 2010; Cochran et al., 2003). When these two populations are divided, an estimated 7% of adults receiving mental health care in the U.S. identify as a sexual minority, despite only making up approximately 3% of the population (Cochran et al., 2003). One of the predominant explanations for this disparity cites chronically high levels of stress due to discrimination, stigma, and exposure to hostile environments (Smalley, Warren, & Barefoot, 2018).

A comprehensive report of mental health disparities in the LGBTQ+ population released by the American Psychiatric Association (2017) reported sexual minorities were more than twice as likely as heterosexual individuals to have a mental health disorder during their lifetime (Semlyen, Varney, King, & Hagger-Johnson, 2016). Research has consistently shown sexual minority populations, including lesbian women, are at risk for increased rates of depression (Bruce, Harper, & Bauermeister, 2015), anxiety (Cochran, Björkenstam, & Mays, 2017), negative mental health outcomes resulting from traumatic experiences (Smalley et al., 2018), eating disorders (Diemer, Grant, Munn-Chernoff, Patterson, & Duncan, 2015; Matthews-Ewald, Zullig, & Ward, 2014), substance use (Hughes, Johnson, Steffen, Wilsnack, & Everett, 2014;

Pesola, Shelton, & Bree, 2014), and suicidal ideation, attempts, and completion (King et al., 2008).

Attachment Theory

This dissertation was conceptualized through the lens of attachment theory. Attachment theory originated with the work of John Bowlby in the 1900s and was subsequently expanded upon by the research of individuals such as Mary Ainsworth, Mary Main, and Judith Solomon. It began as an evolutionary theory to describe the impact of maternal separation in infants and has formed the basis for understanding relationship formation, maintenance, and growth across the lifespan (Bowlby, 1969; Gray, 2002). The basic tenant underlying attachment theory lies in an infant's innate need to establish a sense of safety and emotional security through the formation of attachment relationships with others in their environment.

Bowlby (1980, 1982, 1988) hypothesized attachment relationships are formed to increase the likelihood of both individual and species survival. This results in reciprocal motivation for parents and children to maintain proximity to one another. Attachment behaviors (such as crying, smiling, calling, and following) are unconsciously engaged in if a child is unable to reach their attachment figure, "depending on not just the physical distance from the attachment figure but also his or her perceived emotional availability" (Shemmings & Shemmings, 2011, p. 20). When a child experiencing emotional or physical distress is responded to in a consistent, sensitive manner, that individual develops a sense of security from which they can explore the world around them (i.e., a secure attachment). Conversely, children who receive insensitive and/or inconsistent care are more likely to develop anxiety and distrust (Riggs, 2010). The responsivity of one's primary attachment figure can have significant, long-term implications. Guerrero (1996) found those children who were responded to in a consistent, sensitive manner

were more likely to develop a positive sense of self, whereas children who were responded to with insensitive and/or inconsistent care were much more likely to develop a negative sense of self. Prolonged or permanent separation from caregivers (such as in the case of children relinquished for adoption) or the experience of childhood abuse and/or neglect can result in a fragmented and unintegrated sense of self (Riggs, 2010).

As a result of these early experiences, children begin to form internal working models, or representations of relationships, which reflect both self-perceptions and perceptions of attachment figures' capacity to provide a safe and caring environment (Bowlby, 1973; Craik, 1943). These models typically develop with age and act as "guides and predictors of future behavior for the child and analogous attachment figures" (Archer & Burnell, 2003, p. 65; Fonagy, 2002). Relationships with attachment figures who are persistently rejecting, hostile, or disconnected, frequently result in internal working models which identify other people as similarly unavailable or unpredictable (Bretherton & Mulholland, 1999; Shemmings & Shemmings, 2011). This can extend into a child's core sense of self wherein they may begin to define themselves as unlovable (Shemmings & Shemmings, 2011)." Certain response structures are created through a person's internal working models and previous experiences. These patterns of behavior are called attachment styles (Bowlby, 1977).

John Bowlby's understanding of the formation and maintenance of maternal-infant bonds was augmented by his collaboration with Mary Ainsworth in the late 1960s. Her research involved both in-home and laboratory-based observation of the attachment between children and their caregivers when a mother briefly left her child alone in an unfamiliar room (Ainsworth, 1978). Ainsworth hypothesized that the way children behave following separation from a primary attachment figure, and subsequent response upon their return, revealed important

information about the quality of the attachment relationship. Based on this research, Ainsworth ultimately concluded that there were four main styles of attachment: secure, ambivalent, avoidant, and disorganized (Ainsworth, 1978). Of note, ambivalent, avoidant, and disorganized attachment styles are collectively referred to in the literature as “insecure” attachment patterns.

Seen as the healthiest attachment style, securely attached children develop a positive self-concept, view themselves as worthy of respect, and generally anticipate cooperative interactions with other individuals (Jacobsen, & Hoffman, 1997). These children are confident that their caregiver can meet their needs and feel comfortable using them as a secure platform from which to explore the world (McLeod, 2014). The second attachment style identified by Ainsworth was ambivalent attachment. Children with an ambivalent attachment style try to engage the caregiver by acting clingy and dependent to gain their attention but will disengage as soon as the attachment figure attempts to interact with them (McLeod, 2014). As a result, they may see their needs as being met inconsistently. Ambivalently attached children are oftentimes afraid to explore their surroundings and cannot be soothed if they become upset (McLeod, 2014).

The third attachment style identified by Ainsworth is avoidant attachment. Children with avoidant attachment styles tend to suppress the natural desire to seek out an attachment figure for comfort when distressed, frightened, or in pain (Ainsworth, 1978; Main & Solomon, 1986). Instead, they may learn to rely heavily on self-soothing or self-nurturing behaviors (Freedman, 2019). Avoidant attachments may result from a history of interactions with rejecting attachment figures wherein a child learns displaying distress can lead to rejection or punishment (Cassidy, 2001). The final attachment style identified by Ainsworth was disorganized attachment. Disorganized attachments occur in children who have experienced attachment relationships as so frightening or unpredictable they were unable to develop a strategic,

organized response (Cassidy, 2001). Children with this attachment style may have the most significant difficulties seeking care. They “flee to the parent as a haven for safety...and flee from the parent as a source of alarm” (Cassidy, 2001, p. 129).

The following section will describe the influence of attachment on the two identities of interest held by the target group. Considering Mary Ainsworth’s four attachment styles have been widely referenced across attachment theory literature, her proposed classification system will be used when describing the influence of attachment on adoptees and LGBTQ+ individuals.

Attachment and Adoptee Identity

The literature examining the intersectionality between attachment theory and the adoptee experience continues to develop; however, multiple researchers have affirmed that suspending the connection between a child and their biological parents cannot be done without some sort of psychological consequence (Feeny et al., 2007; Hobday & Lee, 1995; Van den Dries, Juffer, Van IJzendoorn, & Bakermans-Kranenburg, 2009; Verrier, 1993). Edens and Cavell (1999) published one of the first theoretical papers which proposed utilizing attachment principles in the study of adoption (Feeney et al., 2007). They postulated adopted infants may have a higher probability of exposure to prenatal/birth complications and parental psychopathology (Edens & Cavell, 1999; Feeney et al., 2007). Consequently, these risk factors were hypothesized to increase the likelihood of developing negative attachment relationships (Feeney et al., 2007).

Empirically supported research examining this theory affirms attachment between children and their birth mothers can begin in utero. The quality of this first relationship is dependent on their prenatal environment (Carlis, 2015). When a child’s biological mother experiences high levels of emotional stress (i.e., stress surrounding the decision whether or not to relinquish her baby) the unborn child can experience maternal rejection. This manifests itself as

“behavioral states and psychological functioning that correspond with their in-utero relationship” (Carlis, 2015, p. 247). The development of anxiety, apprehension, and emotional instability have all been cited as long-term correlates with exposure to high levels of emotional stress before birth (Carlis, 2015). Attachment theory also emphasizes the importance of early parent-child relationships. Children form internal working models which reflect their perceptions of attachment figures’ capacity to provide them a safe and caring environment. These models typically evolve as a child ages. They serve as “guidelines and predictors of future behavior and analogous attachment figures”; however, when there is a “traumatic separation,” they can become fixed (Archer & Burnell, 2003, p. 65). The degree to which these internal working models of attachment become fragmented and unintegrated is directly associated with adoptees’ internalization of abandonment by their birthmother (Orbach, 2007; Spronk, 2010). This can have significant short- and long-term implications for attachment security.

Literature from multiple sources assert adopted children are much less likely to form secure attachment relationships with others, including their parents (Carlis, 2015; Feeny et al., 2007; Van den Dries et al., 2009). Feelings of mistrust and betrayal can dominate their attachment narratives (Brodzinsky, 1990; Helwig & Ruthven, 1990; Jones, 1997). These feelings are linked with enduring fears of separation, loss, and abandonment (Helwig & Ruthven, 1990; Jones, 1997). An adoptee may not trust those who desire to have an interpersonal relationship with them or, if they were to engage in a relationship, that it will last (Jones, 1997). Orbach (2007) provided insight into these cognitions by theorizing that children develop a sense they are both figuratively and literally alone after they are relinquished for adoption. These perceptions can directly affect the length of time it takes for an adopted child to bond with their birth parent. A sense of permanence and irreversibility is no longer innate (Hobday & Lee,

1995). If adopted children react by isolating themselves from others this can become a “self-fulfilling prophecy” (Jones, 1997, p. 66).

Age at adoption and the emotional stability of adoptive parents have been found to play a significant role in moderating the likelihood of developing unhealthy attachment styles. Though results of individual studies have been variable, a meta-analysis of the influence of age at adoption shows children who are adopted after the age of 6-12 months old may be predisposed to develop fearful-avoidant attachment relationships (Van den Dries et al., 2009). The likelihood of developing insecure attachment patterns is also determined by the degree of ambivalence parents display towards their adopted children (Main, Kaplan, & Cassidy, 1985). The state of mind a parent holds concerning the attachment relationship can be transmitted to the adoptee (Main et al., 1985).

Attachment and Homosexual Identity

The influence of attachment style on the self-disclosure experiences of LGBTQ+ individuals is a relatively new area of research. Available data suggests self-disclosure to family members, especially parents, is one of the greatest challenges during the sexual identity formation process (Ben-Ari, 1995; Carnelley et al., 2011; Holtzen et al., 1995; Savin-Williams & Ream, 2003). Fear of emotional or physical rejection, the anticipation of disrupted family dynamics, and feelings of shame have been cited as some of the primary reasons why an individual will choose to delay (or completely neglect) coming out. (Potoczniak et al., 2009; Riley, 2010). How significantly these apprehensions affect the self-disclosure process is largely dependent on the strength of attachment relationships (Holtzen et al., 1995; Mohr & Fassinger, 2003).

As mentioned previously, attachment to others begins in infancy and continues to develop across the lifespan. Internal working models are not only salient for the adoptee experience of attachment, they are relied on when predicting self-disclosure behaviors. Carnelley et al. (2011) found LGB individuals who perceive their parents to have been accepting during childhood (a major aspect of secure attachment formation) are more likely to come out to them. Likewise, those parents who were perceived as accepting reportedly responded more positively to their child's sexual orientation (Carnelley et al., 2011; Desnoyers, 2014). These conclusions were supported by previous research on the influence of attachment style on self-disclosure experiences.

In their study of 113 gay and lesbian adults, Holtzen et al. (1995) found those with a secure attachment to their parents, as measured by the Parental Attachment Questionnaire (PAQ), were more likely to come out to them (Kenny, 1987). Mohr and Fassinger (2013) also linked attachment variables to self-acceptance and self-disclosure. Individuals who endorsed high levels of attachment anxiety and avoidance (major aspects of unhealthy attachment formation) were preoccupied with self-acceptance and acceptance by others. These variables represented major obstacles to the sexual identity development process and were indirectly connected to whether or not an individual was out to their parents (Mohr & Fassinger, 2013).

Summary and Transition

Attachment theory has been utilized to conceptualize data gathered from both research on adoptee attachment security and on the influence of parent-child relationships during sexual identity formation (Boon & Miller, 1999; Gray, 2012; Holtzen et al., 1995; Schofield & Beek, 2005). To the contrary, not many studies have attempted to apply attachment models to lesbian identity formation and even fewer, if any, have focused on the lesbian adoptee experience. To

reduce this gap in the literature, this dissertation study aimed to understand how attachment relationships influenced the coming out process of lesbian adoptees who were tasked with self-disclosing their sexual orientation to primary attachment figures.

Research on homosexual identity formation suggests self-disclosure to family members, especially parents, is seen as a significant challenge (Ben-Ari, 1995; Carnelley et al., 2011; Holtzen et al., 1995; Savin-Williams & Ream, 2003). The decision to come out is chiefly mediated by the extent to which a parent can be seen as trustworthy (Boon & Miller, 1999). Fear of emotional or physical rejection, anticipation of disrupted family dynamics, and feelings of shame have been cited as some of the primary reasons why an individual will choose to delay (or completely neglect) coming out (Potoczniak et al., 2009; Riley, 2010). The materialization of these apprehensions and how they subsequently affect the self-disclosure process are largely dependent on the strength of primary attachment relationships (Holtzen et al., 1995; Mohr & Fassinger, 2003).

The literature examining adoptee relationship formation consistently implies that adopted children are much less likely to form secure attachments to others, including their parents (Carlis, 2015; Feeny et al., 2007; Van den Dries et al., 2009). Feelings of mistrust and betrayal often dominate their narratives (Brodzinsky, 1990; Helwig & Ruthven, 1990; Jones, 1997). These findings can have significant implications for LGBTQ+ adoptees because the strength of attachment relationships is a primary predictor of whether or not an individual will self-disclose. Specifically, data gathered by Holtzen et al. (1995) demonstrated gay and lesbian individuals with secure attachments to their parents were more likely to come out to them.

Integration of both bodies of research implies adoptees' predisposition towards insecure attachment relationships can negatively impact their self-disclosure to adoptive parents. This

realization was the cornerstone of the present dissertation study. Using phenomenological inquiry, the lived experiences of lesbian adoptees were explored. In addition to giving a voice to a minority population that has historically been neglected in the literature, outcomes of this research can have a significant impact on the health, safety, and well-being of the target population (Dunst et al., 1994).

Chapter 3: Research Design and Method

Chapter Overview

Framed in attachment theory, the purpose of this study was to capture a deeper understanding of the unique experiences of lesbian adoptees who self-disclosed their sexuality to their adoptive parents. Understanding the influence attachment has on the intersectionality of identification as an adoptee and as a sexual minority may provide one way to conceptualize how individuals in the target population engage, experience, and understand this integral part of sexual identity formation. In recent years, there has been an increased effort to understand the needs and concerns of the LGBTQ+ community; however, much room for advancement remains.

Researchers have identified empirical data related to demographic differences (i.e., the concept of intersectionality), social influences, inequalities in health care, and the development of identity-specific interventions, as those areas most likely to make significant contributions to the field in the near future (Bauer, 2014). It was also noted that many past studies have combined members of the LGBTQ+ community into one group labeled “nonheterosexual” which has served to obscure differences within and between them (Graham et al., 2011). Therefore, it has become important to examine those experiences unique to specific subpopulations of individuals through carefully designed research projects which utilize effective methodologies.

This chapter will review the research questions that guided this study and detail the reasons why a phenomenological approach was determined to be most appropriate. Inclusion and exclusion criteria will be discussed, as well as procedures, instrumentation, methods for organizing and analyzing data, assumptions, limitations, and ethical assurances. The content of the appendices contained at the end of this research paper will also be introduced, as well as an explanation of how they were utilized during the research process.

Research Questions

The primary question guiding this study was: Does being adopted influence the coming out process for lesbian women when self-disclosing their sexual orientation to their adoptive parents? More specifically, this researcher sought to understand the impact of attachment on lesbian adoptees' self-disclosure experiences which was further grounded in two subquestions:

1. Can any consistent disparities be explained by fundamental differences in attachment to primary attachment figures when compared to nonadopted lesbians and to the greater LGBTQ+ community?
2. Were there sources of support or resources available which may have mitigated the impact of unhealthy attachment styles?

Research Design

A phenomenological approach was determined to be best suited for use in this study considering the parameters and the intent of this research. Founded in attempts to “build the essence of (the human) experience,” phenomenology relies on engagement with participants to construct a rich, detailed description of a phenomenon as it occurs in its natural environment (Creswell, 2018, p. 64). This approach aligns well with the overall purpose of the study: to explore the lived experiences of lesbian adoptees when self-disclosing their sexual orientation to primary attachment figures.

Further, phenomenology is especially effective when a lack of research about a specific topic of interest has been published, such as is the case with the identified target population (Creswell, 2012). Polit and Beck (2014) postulated that the intersectionality of lesbian and adoptee identities “lacks conceptualization” and is poorly defined as a result of this gap in the literature. To address this disparity, both qualitative and quantitative research methods were considered. Quantitative inquiry was found to be effective in obtaining precise measurements to produce generalizable, replicable results; however, the flexibility afforded by qualitative research

would allow for continued dialogue with participants to more deeply examine the idiosyncrasies involved with this phenomenon.

The procedural map for this research was influenced by the utilization of a modification of the Stevick-Colaizzi-Keen method (SCK) outlined by Moustakas (1994). This procedure involved analysis of the data obtained from in-depth interviews with select participants who have experienced the phenomenon. Moustakas provided a general overview of the methodology behind SCK data analysis when he stated:

The aim is to arrive at structural descriptions of an experience, the underlying and precipitating factors that account for what is being experienced; in other words, the “how” that speaks to conditions that illuminate the “what” of experience. How did the experience of the phenomenon come to be what it is? (p. 98)

This is achieved through the organization of data into significant statements and themes endorsed by multiple participants. From these units of meaning, both textural and structural descriptions of the experience can be integrated to describe the essence of the phenomenon.

Moustakas (1994) noted that a researcher may choose to alter the data collection methods or the focus of the analysis to enhance their level of understanding as they gain further insight into the phenomenon of interest. This idea was relevant for the present study, as the researcher ultimately chose to amend the initial topic—a comparison of lesbian adoptees’ experiences disclosing their adoption status with their experiences of disclosing their sexuality—in favor of the current focus. The shift was made due to the unforeseen depth and breadth of information related to coming out as a lesbian obtained in initial interviews. Correspondingly, discussions of adoption status disclosure seemed to be much less fruitful. To achieve significance, the amount of data necessary to obtain during interviews threatened to distill the essence of both

experiences. Therefore, data collection was shifted to focus solely on the coming out experiences of lesbian adoptees.

Another crucial step in this method is “bracketing,” wherein the researcher is tasked with identifying and monitoring any preconceived beliefs, opinions, or notions about the phenomenon and population being researched throughout the data collection and analysis process. The ultimate intention of bracketing is to approach data from an unbiased perspective by setting aside any judgments or prejudice. This allows the researcher to isolate the phenomenon from what is already known or assumed and to consider the information from multiple perspectives. A phenomenological researcher attempts to completely immerse themselves in the study and the phenomenon of interest, as described by those who have experienced it (Moustakas, 1994). In the present study, bracketing was achieved through journaling after each interview to document personal responses and to highlight any biases that may have emerged. Some of these biases are presented in Chapter 5: Summary, Conclusions, and Recommendations.

Population and Sample

Individuals recruited for participation in this study identified as cisgender female adoptees, were aged 18 to 99 years old, and were able to speak and understand fluent English. Their adoption process must be complete, with all rights and responsibilities permanently transferred to the adopting parents. Participants from both domestic and international adoptions were included; however, participation was limited to those individuals adopted between the time of birth and 12 months of age. Age at adoption has been found to play a significant role in attachment styles (Van den Dries et al., 2009). This limitation was enforced in an attempt to mitigate the variability of attachment security within the limited sample size and to ensure the sample was as homogeneous as possible. Race of adoptee was also not controlled for, as Baden

(2007) found identity as a transracial adoptee was not useful in predicting psychological adjustment. Further implementation of racial/ethnic limitations was not enforced as this might have narrowed an already restricted participant pool.

Participation in this study also required that individuals must have engaged in some form of “coming out” by self-disclosing their sexual orientation to others. Considering the intention of this research became to examine the experiences of self-disclosure to adoptive parents, it was greatly preferred that participants had come out to one or both of the individuals they identified as parental figures; however, it was determined not to be a prerequisite for participation in this study. The researcher made this decision based on the theory that an understanding of the reasons why women chose not to self-disclose had the potential to augment and enhance the data obtained from those participants who had.

Although examining the coming out experience of cisgender gay male adoptees would also provide novel empirical data and could add to the overall sample size, this population was not the focus of the study. As aforementioned, combining members of the LGBTQ+ community into one group has the potential to obscure differences within and between them (Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, 2011). Further, research has indicated that females tend to be more preoccupied with adoption issues than males (Friedlander, 2003). This increased concern may better highlight the intersectionality of both identities and could result in richer descriptions of their experiences. For these reasons, this researcher did not collect data from men or members belonging to other groups within the LGBTQ+ community.

Initial participants were recruited through the use of criterion sampling to help focus the sample and to increase the probability individuals will have experienced the phenomenon of

interest. As the number of completed interviews increased, the remaining individuals were gathered via snowball sampling. A total of eight participants were recruited for this study. Such a small sample size was deemed appropriate for the nature of this qualitative research, as Creswell (1998) recommends restricting participation to between five and 25 individuals for phenomenological inquiry. This small number permits case-oriented analysis and fosters the development of a new and richly textured understanding (Sandelowski, 2001).

Procedures

To aid with advertisement, the researcher created a Recruitment Script (see Appendix A) and a Referral Request for Professionals (see Appendix B) which were provided to individuals who were directly involved with the lesbian adoptee community. In addition, the Recruitment Script was posted on private Facebook pages where admission was limited to adoptees. The researcher generated a private website (<https://irwinami.wixsite.com/dissertation>) for potential participants who were interested in obtaining additional information about the study and the inclusion criteria. A complete copy of the informed consent form was also available on this website. Additionally, in the event participants needed to communicate or to ask clarifying questions, the contact information for the researcher, the dissertation chair, and the Institutional Review Board overseeing the present study was provided. This website link was contained in the Recruitment Script and in the Referral Request for Professionals.

Once an individual determined they were interested in participation and perceived themselves to be a good fit, they were able to directly leave a message for the researcher through a link on the website. All potential participants were contacted within 48 hr of their inquiry. During this initial contact, the researcher provided an overview of the study, allowed them to ask questions, and described the process for data collection and analysis. Individuals were reminded

participation was voluntary and that their contribution would not be compensated beyond any travel and parking fees incurred for interviews (not to exceed \$30). To confirm eligibility, potential participants were then asked to respond “yes” or “no” to a short series of screening questions (see Appendix C). If individuals met all inclusion criteria and reaffirmed their interest upon the conclusion of the conversation, they were invited to participate.

Data were collected via in-person interviews, which took place at The Chicago School of Professional Psychology, and via remote interviews using a HIPAA-approved video calling service. The choice of communication medium was the decision of the participant, based on their level of comfort and personal preference. Prior to beginning the interview, the researcher reiterated the purpose of the study, obtained oral consent (see Appendix D), and asked each participant if they had any final questions. When participants indicated they had received satisfactory answers, fully understood the research project and the procedures, and confirmed their interest in participation, they were asked to give a verbal statement of consent. This statement initiated the beginning of the audio recording process wherein basic demographic information was obtained (see Appendix E) and the semistructured interview was conducted (see Appendix F). Each interview lasted 60- to 90- min, with an average length of 74 min. Upon completion of the interview, participants were provided with the Debriefing Document (see Appendix G). This document offered resources if individuals felt they would benefit from mental health care following the interview process. Participants also retained the right to withdraw from the study at any time, with no consequence.

Anonymity was guarded by linking as little identifying information to the data as possible. This included deleting or masking names of people, specific dates, locations, and so forth. Participants were also assigned a unique participant number for identification. For the

duration of the research process, all documentation was identified via the unique participant number and all names used in the final dissertation were fictional. To minimize the number of people with access to the raw data, the primary researcher did not use research assistants. Audio recordings of participant interviews were solely transcribed by the researcher. These recordings were then deleted, and electronic copies of the transcripts were kept in a locked, password-protected file on the researcher's password-protected personal computer. If there is any breach in the researcher's computerized systems, all the affected data will automatically be erased. Any data collected throughout the interview will be deleted by the researcher after five years, as indicated by APA guidelines.

Instrumentation

The primary data collection instrument administered to all participants was the Script for Primary Interview Questions (see Appendix F). Three main questions, three clarification questions and five potential follow-up questions about the adoptee experience, identification as a lesbian, and the coming out process were configured by the researcher. This researcher-created tool was determined to be necessary due to the severely limited body of literature describing this subgroup of the LGBTQ+ population. Specifically, there were no preexisting tools available to measure exactly what the researcher wanted to know about the experiences and perspectives of the lesbian adoptee community.

All novel questions were informed through triangulation of relevant empirical sources which examined the experiences of individuals who identify as lesbians and individuals who identify as adoptees, independently. The content of these questions was further informed by literature centered on sexual identity formation and attachment. As mentioned in a previous section, the researcher ultimately chose to amend the initial topic—a comparison of lesbian

adoptees' experiences disclosing their adoption status with their experiences of disclosing their sexuality—in favor of the current focus; however, the primary interview questions did not change. Any additional qualitative inquiry engaged in during individual interviews was largely an interactive process between the researcher and participants, wherein they were invited to expand on their coming out experiences (especially those related to primary attachment figures).

The first question in the Script for Primary Interview Questions asked participants to describe how adoption has influenced their lives, including their relationships, identity, and decision to self-disclose. The second question was almost identical; however, the focus shifted to understanding what (if any) influence identity as lesbian women had upon these same domains. Both queries were purposefully similar to gauge the salience of each identity and to understand the degree to which individuals were able to live authentically in social contexts. The third main question asked participants to consider both forms of disclosure and to compare and contrast the experiences. Of particular interest was the presence or absence of factors that influenced decisions to come out, whether one disclosure experience impacted another, and if one identity held greater significance than the other. Participants' responses to this question could be especially meaningful considering identity interference can occur when the beliefs, expectations, and experiences underlying one identity interfere with the expression of another identity (Van Sell, Brief, & Schuler, 1981). Further, all potential follow-up questions listed in the script were intentionally included to elicit additional information about each individual's self-disclosure experiences. The objective was to provide greater richness and depth to their personal narratives. These follow-up questions yielded much of the textural description utilized during the data analysis process once the primary focus of the study was altered.

Data Analysis

For the purposes of this section, data analysis refers to the evaluation of each transcribed interview obtained by the researcher. The ultimate aim of this step was to create comprehensive descriptions of the experience of interest told through the stories of individuals that portray that essence (Creswell, 1998; Moustakas, 1994). This process employs phenomenological reduction which includes horizontalizing, organizing invariant qualities and themes, and constructing textual descriptions (Moustakas, 1994). As a matter of course, this study utilized the modified Stevick-Colaizzi-Keen phenomenological method of data analysis to explore lesbian adoptees' lived experiences of coming out.

The analytic process began following completion of verbatim transcriptions of each interview completed by the researcher. The researcher thoroughly read and reread the transcribed interviews. All relevant, nonrepetitive statements were evaluated for potential significance related to the phenomenon of interest. Each comment was granted equal value and units of meaning were subsequently identified. This initial textual description of the phenomenon (the "what") is called horizontalization (Moustakas, 1994). From the textual description, meaning units were transformed using "imaginative variation within the phenomenological attitude and psychological perspective to elucidate their essential psychological meanings" (Broomé, 2011, p. 16). These central, underlying meanings were examined for interdependence within and across transcriptions. At this stage, invariant meaning units were clustered into the structural epitome (the "how") of the experience (Moustakas, 1994). Important themes or perspectives were derived from these meaning units by combining the structural description with the textual description. The final step was the reflection and integration of the researcher's understanding of the data (including available empirical data) to

most accurately describe and define the phenomenon and communicate it to others. Each description was integrated to provide a universal description of the lesbian adoptee experience (Moustakas, 1994). The outcome of this stage was a portrayal of the essential structure of the phenomenon divided into six major themes and four minor themes, as described by participants in the target group.

Assumptions

Adrian Van Kaan (1966) identified three fundamental assumptions that are central to phenomenological research: (a) the phenomenon being examined is relatively standard; therefore, it is commonly experienced by individuals in the target group; (b) this common human experience is fundamentally identical; and (c) this common human experience can be described and categorized by the same label. Simply put, phenomenology postulates that phenomena present themselves to consciousness in similar ways (Moreno, 2002). The fundamental assumptions of the current study largely mirrored those detailed in Van Kaan's work. Further, certain suppositions had to be made regarding the sample, methodology, mechanics, and all other undiscoverable details unique to this particular undertaking.

For example, one major assumption was that participants were honest regarding their identity and in their responses to the interview questions. No identity or background checks were integrated into the methodology of this research and the data collection instrument (a researcher-created semistructured interview) did not contain any quantifiable validity scales or requests for collateral data. Another assumption was that the inclusion criteria were appropriate and effective for the selection of participants who have all experienced the phenomena of interest. That is, the constraints making up the eligibility criteria were presumed to be broad

enough to identify an acceptable sample size of women while diminishing the likelihood those with significant moderating variables would be included.

The third assumption regarded the utility of the data collection instrument. The interview questions were based on a thorough literature review on the study topic; however, the interview script had not been previously tested and had no true empirical support as a measurement instrument. It was assumed that the interview questions had acceptable levels of validity and reliability, with regard to what each was trying to measure and that the theoretical basis for choosing each question was sound and well-informed. Lastly, it was assumed individuals had a sincere interest in participating in this research. Therefore, it was understood these women did not agree to the study for any motivation outside of assisting the researcher in understanding the unique experiences of the lesbian adoptee community as well as providing insight to those clinicians who work with this demographic of women.

Limitations

Three limitations of the study were identified. These were elements that were outside of the researcher's control. They included preexisting biases, a shortage of empirical data, and level of education attained by the participants. Each limitation was addressed as thoroughly as possible to mitigate the likelihood results would be distorted and/or inaccurate conclusions would be drawn from participants' data.

While endorsing the utility of qualitative research, Tufford and Newman (2010) ascertained this method is an "inherently subjective endeavor" (p. 81) with the potential for the transference of a researcher's assumptions, values, emotions, and theories. Considering the primary researcher also identified as a lesbian adoptee who was adopted during infancy, recognition and management of presuppositions was crucial. These included any personal views,

ideas, and expectations about lesbian adoptees, self-disclosure, and the influence of attachment. The specific researcher biases identified during this study are further detailed in Chapter 5: Summary, Conclusions, and Recommendations.

As mentioned in a previous section, bracketing is the process of blocking assumptions and biases that present within phenomenological studies. This is achieved through examination of a researcher's experiences to increase the rigor of the project and to allow the researcher to record participants' descriptions in an "open and naive manner" (Eddles-Hirsch, 2015, p. 252). During this study, this was accomplished in three ways. First, the researcher wrote memos and kept a journal detailing observations, reactions, and interpretations throughout the data collection and analysis process. Second, consultation with professionals and other students who demonstrated interest and competence in this area was sought out. Third, the researcher used member checking to maximize the validity of the findings. Upon completion of data analysis, a brief summary of the findings was shared on the private website (<https://irwinami.wixsite.com/dissertation>) generated for participants. Member checking allows participants to judge the accuracy and credibility of the account, and to provide "critical observations and interpretations" (Stake, 1995, p. 115).

The second limitation resulted from a shortage of empirical data. Minimal research has been published specific to the target population; however, there are ample data examining the experiences of individuals who identify as lesbians and individuals who identify as adoptees, independently. Though this is not unusual in novel research, it can restrict the ability to comprehensively understand and investigate the specific topic of interest before beginning data collection. As a result, it was necessary to continually compare and contrast any available research prior to and during the identification and justification of themes. The researcher aimed

to maximize the validity and reliability of the findings through the triangulation and integration of this data (Creswell, 2018). In addition, when conveying the results, the researcher included “rich, thick descriptions” in the form of direct quotations from participants, to further convey and justify themes (Creswell, 2012). Of equal importance, was the inclusion of evidence running counter to the general themes identified during the coding process (Creswell, 2018).

The final limitation of the study related to level of education attained by participants. Each individual in this sample had completed at least a high school education and some college. A report released by UCLA’s School of Law (Gates, 2014) analyzing four, national, population-based surveys which each compared the LGBT population to their non-LGBT counterparts in the United States found educational attainment did not show a consistent pattern across surveys; however, among all participants (both homosexual and heterosexual) approximately 30-40% had a college degree. Taken together, this finding suggests the percentage of individuals in this sample who engaged in higher education is disproportionately higher than the percentage found in the general population.

Ethical Assurances

This research was undertaken with the awareness ethical principles and guidelines must be adhered to in an effort to protect the participants and to preserve the integrity of the study. A central belief underlying each procedure was that individuals were to maintain their free will and to have the opportunity to make informed choices about their actions based on a complete understanding of what the study was about as well as the potential risks and benefits. The researcher took all precautions necessary to ensure individuals did not become uncomfortable or feel distressed at any time throughout the study. Consent was obtained from all individuals prior to beginning the interview. Participants were able to choose their communication medium and

were given the option to refuse to answer any question(s) they did not wish to respond to. They also retained the right to withdraw at any time, with no consequence. Upon conclusion of the interview, all participants were provided with a copy of the Debriefing Document (see Appendix G). This document contained a link to a webpage listing therapists in the Chicago area. Participants who did not reside in the immediate vicinity could also find links to local providers using this resource.

No procedure or study was performed outside of the preapproved protocol. The Institutional Review Board overseeing this project closely evaluated the recruitment materials, procedures, informed consent form, data collection tools, and the debriefing document before the initiation of this research. It was not possible to post recruitment flyers on public forums; therefore, recruitment was initially conducted via criterion sampling. Individuals who were directly involved with the lesbian adoptee community were provided with a copy of the Recruitment Script (see Appendix A) and Referral Request for Professionals (see Appendix B). In addition, the Recruitment Script was posted on private Facebook pages where admission was limited to adoptees. The researcher also generated a private website (<https://irwinami.wixsite.com/dissertation>) for potential participants who were interested in obtaining additional information about the study and the inclusion criteria. A complete copy of the informed consent form was also available on this website. This website link was contained in the Recruitment Script and in the Referral Request for Professionals.

One of the top priorities of this research design was to protect the privacy and identity of each participant. As previously discussed, anonymity was guarded by linking as little identifying information to the data as possible. This includes deleting or altering names of people, specific dates, locations, and so forth. Oral consent was obtained to eliminate the need for any written

documentation that could identify them as a participant. Individuals were also assigned a unique participant number for identification. All documentation was identified via the unique participant number and all names used in the final dissertation were fictional. Additional procedures were implemented to protect confidentiality during the storage of information.

After speaking with each participant, audio recordings were solely transcribed by the researcher. These recordings were then deleted, and electronic copies of the transcripts were kept in a locked, password-protected file on the researcher's password-protected personal computer. If there is any breach in the researcher's computerized systems, all the affected data will automatically be erased. All physical copies of transcripts utilized during data analysis were shredded after this process was completed.

Summary

Framed in attachment theory, this research was designed to capture a deeper understanding of the unique experiences of lesbian adoptees who self-disclosed their sexuality to their adoptive parents. A phenomenological approach was determined to be best suited for use in this study considering the parameters and the intent of this research. Initial participants were recruited through the use of criterion sampling to help focus the sample and to increase the probability individuals will have experienced the phenomenon of interest. This was achieved through the distribution of recruitment materials to professionals who were directly involved with the lesbian adoptee community and via posts to private Facebook pages where admission was limited to adoptees. As the number of completed interviews increased, the remaining individuals were gathered through snowball sampling.

A total of eight participants were recruited for this study. Requirements for participation included identification as a cisgender female adoptee who was adopted between the time of birth

and 12 months, was between the ages 18 to 99 years old, and was able to speak and understand fluent English. Interested participants were able to contact the researcher directly via a private website constructed for this study. To confirm eligibility, individuals were then asked to respond “yes” or “no” to a short series of screening questions. If they met all inclusion criteria and reaffirmed their interest upon conclusion of the conversation, they were invited to participate.

Data were collected in-person or via remote interviews using a HIPAA-approved video calling service. The choice of communication medium was the decision of each individual, based on their level of comfort and personal preference. Interviews lasted between 60 to 90 min, wherein participants responded to three main researcher-created questions (and subsequent queries). This in-depth qualitative inquiry pertained to the adoptee experience, identification as a lesbian, and the coming out process. Each question was generated based on information obtained from the triangulation of relevant empirical sources. A modification of the Stevick-Colaizzi-Keen method was used for data analysis following transcription of the interviews. The outcome of this stage was a portrayal of the essential structure of the phenomenon divided into six major themes and four minor themes, as described by lesbian adoptees. Three central limitations of this study were also acknowledged in this section, as well as fundamental assumptions related to the sample, methodology, mechanics, and all other undiscoverable details unique to this particular undertaking.

Central to this research design was the awareness ethical principles and guidelines must be adhered to in an effort to protect the participants and to preserve the integrity of the study. The researcher took all precautions necessary to ensure individuals did not become uncomfortable or feel distressed at any time over the course of the study. Consent was obtained from all individuals prior to beginning the interview. Participants were given the option to refuse

to answer any question(s) they did not wish to respond to and retained the right to withdraw at any time, with no consequence. Upon conclusion of the interview, all individuals were provided with a copy of the Debriefing Document containing a link to a webpage listing therapists in the Chicago area. Participants who did not reside in the immediate vicinity could also find links to local providers using this resource.

Another top priority of this research design was to protect the privacy and identity of each participant. Anonymity was guarded by linking as little identifying information to the data as possible. This included deleting or masking names of people, specific dates, locations, etc. Participants were assigned a unique participant number for identification and all names used in the final dissertation are pseudonyms. Additional procedures, such as the protective measures taken during transcription of interviews and their subsequent storage, were also discussed.

Chapter 4: Findings

Introduction

The purpose of this study was to capture a deeper understanding of the unique experiences of lesbian adoptees who self-disclosed their sexuality to their adoptive parents. Understanding the influence attachment has on the intersectionality of identification as an adoptee and as a sexual minority may provide one way to conceptualize how individuals in the target population engage, experience, and understand this integral part of sexual identity formation. The aim was to add to a severely limited body of literature highlighting within- and between-group differences among members of the greater LGBTQ+ community. This is especially pertinent as both adoptees and individuals who self-identify on the LGBTQ+ spectrum seek mental health interventions in greater numbers than nonadoptees and those who identify as heterosexual (Atkinson et al., 2013; Borders et al., 2000; Bostwick et al., 2010; Cochran et al., 2003). Investigation of the lived experiences of this at-risk group will hopefully aid mental health professionals in understanding the unique needs of this population and may provide lesbian adoptees, themselves, a sense of validation and support while navigating the sexual identity formation process.

The following chapter presents the results of this study. An outline of the setting, influences that affected data collection, and basic demographic profiles for each participant are also provided.

Setting

Eight volunteers who identified as cisgender female lesbian adoptees were interviewed for this study. The interviews followed a semistructured format, each lasting between 60 to 90 min. Questions pertained to the adoptee experience, identification as a lesbian, and the coming

out process. Preliminary data analysis suggested participants perceived their identity as an adoptee held little significance to their coming out narrative. As a result, the content collected from the inquiry into the ways adoption had influenced individuals' lives, including their relationships, identity, and decision to self-disclose, was limited. This researcher did not perceive this as a threat to the data collection process. The time participants spent on responding to questions about their adoptee experience was generally much shorter than the time they took describing their coming out stories.

There were two instances where individual differences did affect data collection. The first was related to accommodations made during an in-person interview of one woman who was hearing impaired. Communication largely relied on her ability to read lips and by writing on a pad of paper brought to the interview. Whenever she was unable to visually interpret the questions, the researcher wrote them onto the pad of paper. This method was discussed during the recruitment process and had been agreed upon by both parties. Further, the participant lost her hearing during childhood; therefore, her expressive speech was largely intact and understandable by the researcher. As a result, completion of the interview was possible and the integrity of the data was not compromised.

The second individual difference affecting data collection stemmed from the inclusion of one lesbian adoptee who had not yet self-disclosed to her parents. Considering the intention of this research became to examine the experiences of self-disclosure to adoptive parents, it was greatly preferred that participants had come out to one or both of the individuals they identified as parental figures; however, it was determined not to be a prerequisite for participation in this study. The researcher made this decision based on the theory that an understanding of the reasons why women chose not to self-disclose had the potential to augment and enhance the data

obtained from those participants who had. To achieve this goal without making the findings too divergent from the other data, the primary interview questions remained the same. The follow-up question specifically inquiring about the experience of coming out to one's parents was the only portion changed to an examination of why the individual chose not to self-disclose.

Demographics

The participants were between 22 to 56 years of age and each met the inclusion criteria of identification as a cisgender female lesbian, who was adopted between the time of birth and 12 months of age, and who had engaged in some form of "coming out" by self-disclosing their sexual orientation. At the time of the interview, five participants had come out to both of their parents, two had only self-disclosed to their mothers, and one individual had not come out to either parent (but had come out to select friends). Regarding the ethnic distribution of participants, four identified as Caucasian, two identified as Latin American, one identified as African American, and one identified as Chinese. Three of the women were adopted internationally. The remaining five were adopted domestically. Age at the time of adoption varied between participants, but the average was 5.63 months old. Seven of the women recalled having been told from early childhood that they had been adopted. Conversely, one reported discovery of her adoption status "accidentally" during early adulthood. All participants had a college education. Four of the women were employed in professional jobs at the time of the study and three identified themselves as full-time students.

The following table (Table 2) provides an overview of participant demographics. A brief description of each individual is also presented below. Of note, participants were assigned a pseudonym to protect their identity.

Table 2

Participant Demographics

	Ethnicity & Religion	Continent of Origin & Age at Adoption	Education	Occupation	Disclosure Status
Maria, 22	Latina, Catholic	South America, 9 months	Some College	Undergraduate	Out to Both Parents
Anna, 25	Caucasian, Christian	United States, 4 months	Bachelor's	Graduate Student	Out to Both Parents
Kiara, 25	African American, None	United States, 11 months	Bachelor's	Graduate Student	Out to both Parents
Lily, 31	Asian, Spiritual	China, 6 months	Some College	Hospitality Management	Out to Both Parents
Sofia, 37	Latina, Spiritual	South America, 2 months	Bachelor's	Independent Business Owner	Not Out to Parents
Brittany, 42	Caucasian, None	United States, 9 months	Bachelor's	Physical Education Teacher	Out to Mother
Diana, 43	Caucasian, Christian	United States, 3 months	Master's	Unemployed	Out to Both Parents
Jackie, 56	Caucasian, Christian	United States, <1 month	Master's	Librarian	Out to Mother

Maria – Participant 1

Maria (pseudonym) is a 22-year-old Latina. She was adopted from South America at the age of 9 months old. Her adoption process was closed though she has “known [she] was adopted for as long as [she] can remember.” When asked about the process of discovering and disclosing her sexuality, Maria reported experiencing same-sex attraction since childhood; however, she did not “commit to dating only girls” until approximately two years ago. She has one son from a previous relationship with a man. Maria reported she relocated to a “more diverse” city within the past year and indicated feeling she now has a strong support system among her peers. Maria

was pursuing an undergraduate degree in the field of counseling psychology at the time of interview.

Anna – Participant 2

Anna (pseudonym) is a 25-year-old Caucasian female. She was adopted domestically from the Midwestern United States at the age of 4 months old. Her adoption process was closed and she was aware of her status as an adoptee from childhood. When asked about the process of discovering and disclosing her sexual identity, Anna described the experience as “rough.” Following her parent’s divorce during her teens, she was raised by her father in a single-parent household. Anna disclosed her sexual identity at 16 years of age. She lived with her grandmother for two years due to “[her] father going crazy [because of her disclosure].” Since that time Anna’s father has attempted to reconcile; however, “[she] [doesn’t] want him in [her] life.” Anna was pursuing a graduate degree in the field of theatre and performance at the time of interview.

Kiara – Participant 3

Kiara (pseudonym) is a 25-year-old African American female. She was adopted domestically from Central United States at the age of 11 months old. Her adoption process was closed and she was aware of her status as an adoptee from childhood. When asked about the process of discovering and disclosing her sexual orientation, Kiara noted she first disclosed at the age of eighteen. She reported it was “easy because [her] mother’s sister had just come out the year before. [Her] aunt was the one who taught [her] how to talk to women.” The relationship between Kiara and her aunt appeared central to Kiara’s coming out story. Her aunt provided her with a consistent role model as she continued to develop her sexual identity. Kiara was pursuing a graduate degree in the field of psychology at the time of interview.

Lily – Participant 4

Lily (pseudonym) is a 31-year-old Asian female. She was adopted from China at 6 months of age. Her adoption process was closed and she reported awareness of her adoptee status from childhood. Lily described her family as the “type of people who tried to overcompensate for the fact [she was] visibly different from them by consistently talking about how [she] was their ‘miracle baby.’” Lily reported her process of self-discovery and the disclosure of her sexual orientation was marked by inconsistency in the response patterns of those around her. Her parents vacillated between denial, avoidance, and self-blame. She further elaborated, indicating her peer groups changed following a period of time when she “ate, breathed, and slept the rainbow flag.” Lily is involved in multiple social groups restricted to lesbians. Her last relationship was approximately three and a half years ago. Lily was employed in the field of hospitality management at the time of interview.

Sofia – Participant 5

Sofia (pseudonym) is a 37-year-old Latina female. She was adopted from South America at two months of age. Her adoption process was closed and she was aware of her status as an adoptee from childhood. Sofia experienced significant health difficulties during childhood resulting in full hearing loss. She noted this “disability left [her] heavily reliant on others until [she] realized [she] had to fight back.” Since then, Sofia has traveled internationally and now competes in ultramarathon bike racing. She noted her disability and “fast-paced” lifestyle made it difficult to form “a ton of” relationships with others; however, “when [she] make[s] a friend, [they] are friends for life.” Sofia has not yet disclosed her sexual orientation to her family; however, she “assume[s] they must be suspicious because [she has] never brought a man home with [her]. Or perhaps they believe [she is] single because of [her] disability.” Most recently,

Sofia ended a brief relationship with another woman. Sofia reported she “[has] never stayed with anyone longer than two years.” Sofia was an independent business owner at the time of interview.

Brittany – Participant 6

Brittany (pseudonym) is a 42-year-old Caucasian female. She was adopted domestically from the Midwestern United States at the age of 9 months old. Her adoption process was closed; however, she discovered the identity of her biological mother using “information [she] had about [her] birth.” While Brittany reported living only a couple of miles away from her birth mother, she has never reached out to her and “probably never will.” Brittany noted she “[has] only been out for the past two years,” and has been in one long-term, same-sex relationship with her current partner. Brittany disclosed her sexual orientation to her mother; however, she did not come out to her father (who is now deceased). Brittany was a physical education teacher at the time of interview.

Diana – Participant 7

Diana (pseudonym) is a 43-year-old Caucasian female. She was adopted domestically from the Southwestern United States at the age of 3 months old. Her adoption process was closed and she reported “always [knowing] that [her] birth family gave [her] up for adoption right after [she] was born.” When asked about the process of discovering and disclosing her sexuality, Diana said, “about the only person surprised when I finally came out of the closet was my ex-husband and his family.” Since her divorce in 2005, Diana remarried (to a woman) and has adopted four children from China. She is currently a “full-time mother.”

Jackie – Participant 8

Jackie (pseudonym) is a 56-year-old Caucasian female. She was adopted domestically from the Midwestern United States, “before [she] was 1 month old.” Her adoption process was closed, and she did not know she was an adoptee until 16 years of age, “when [she] was looking at [her] birth certificate for the first time.” Jackie reported this knowledge caused significant ruptures in relationships with her parents and siblings. Her adoptive father passed away “before [she] could reconcile this,” but Jackie remains close with her mother. When asked about the process of discovering and disclosing her sexuality, Jackie acknowledged historically feeling “[she] was different when [she] was in high school but [she] couldn’t do anything about it.” She waited 10 years after her father passed away from terminal cancer to come out to her mother. Jackie was employed as a librarian at the time of interview.

Results

An integral part of phenomenological research is thematic analysis. Creswell (2012) described themes as similar codes aggregated together to discern shared thoughts/experiences. These ideas are further divided into major and minor themes according to the frequency with which they were endorsed. Using the modified Stevick-Colaizzi-Keen method of phenomenological data analysis, the researcher ascertained six major themes and four minor themes following transcription of the interviews. Major themes were defined as significant ideas independently addressed by at least 7 out of the 8 participants. Minor themes were defined as significant ideas addressed by at least 3 out of the 8 participants. The six major themes, in no particular order, are: (a) Identity Confusion; (b) Influence of Upbringing and Fundamental Beliefs; (c) Fear of Detection; (d) Rejection Fantasies; (e) Desire for Authenticity and Connectedness; and (f) Shifting Family Dynamics. The four minor themes include: (a)

Intersectionality of Core Identities; (b) Attribution of Blame; (c) Impact of Situation and Environment on Disclosure; and (d) Need for Repeated Self-Disclosure (see Table 3 below).

Direct quotations obtained from participants during the interviews are included in the discussion of each theme to provide deeper insight and to further support the development of these major and minor themes.

Table 3

Identified Major and Minor Themes

Major Themes	Minor Themes
Identity Confusion	Intersectionality of Core Identities
Influence of Upbringing and Fundamental Beliefs	Attribution of Blame
Fear of Detection	Impact of Situation and Environment on Disclosure
Rejection Fantasies	Need for Repeated Self-Disclosure
Desire for Authenticity and Connectedness	
Shifting Family Dynamics	

Themes Across Participants

Major Theme 1: Identity Confusion

All eight participants reported a period when they recognized feeling different from their peers. The feelings reportedly varied in scope and intensity for each woman; however, 7 out of the 8 agreed this sense of difference was unique to experiences surrounding their process of sexual identity development (versus identification as an adoptee). This awareness was concurrent with the initial recognition of nonnormative thoughts, feelings, and attractions to same-sex peers and/or adults in their environment. Participants varied in the ages at which they first encountered identity confusion. For some, this experience began during childhood and adolescence. Maria's account highlighted the naivety of her earliest awareness through self-reflection upon early expressions of sexuality and sexual interest:

I first realized I liked girls in fourth grade. There was a girl in my class I couldn't stop staring at... I obsessed over her... It was the cool thing for all the girls to hate boys. I think it was some immature way to flirt, but I actually hated boys... All I knew was I didn't care for boys the same way my friends did. I hated kissing them... Sometimes I would pretend I was shy just so they wouldn't kiss me.

Similar narratives were also described by Lily, Sophia, Anna, and Kiara, who each endorsed recognizing they were “different” during childhood and adolescence. Jackie, Brittany, and Diana indicated this awareness did not occur until later in life (high school age or later).

As with the development of many identities, the course of sexual identity development and expression can be influenced by external variables such as socialization, environment, and experiences. One of the participants pointed out how her history with individuals of the opposite sex impacted her navigation of the sexual identity process. Kiara endorsed same-sex attraction to peers and adults during childhood; however, her experiences were reportedly complicated by a history of trauma:

I didn't know who I was as a child... Men were always horrible to me... I thought I was drawn to women because I was afraid... They didn't know it, but they made me feel better... I had a hard time trusting people, I still do, but with women it was different.

Looking back, I always wonder if my past made me feel closer to women but, even when everything [the abuse] stopped, I was still more attracted to them [women]...

Other participants described the influence of internal variables such as self-confidence and rate of maturation. Diana endorsed believing her experience of childhood obesity and the subsequent impact on her emotional health limited her interest in sex and sexuality throughout adolescence and early adulthood. She “just wanted to keep all of the attention off [herself].” Despite “always

finding women beautiful,” Diana didn’t have any doubts until she allowed time for self-reflection and opened herself to personal growth. She then discovered “how [she] felt and who [she] looked at was changing.”

Major Theme 2: Influence of Upbringing and Fundamental Beliefs

The second theme endorsed by a majority of the participants references the influence of upbringing and fundamental beliefs on the self-disclosure process. Most often discussed as the presence (or absence) of fear stemming from exposure to homophobia, social context was reportedly the primary determinant of an individual’s reaction to identity confusion. That is, one’s family appeared to have the most direct impact on the influence of social stigma, educational environment, and religiosity/spiritual identity. Some participants reported knowledge of longstanding ideologies held by one or more members of their system. Others noted these issues were not addressed until after they had already self-disclosed, or that their self-disclosure had resulted in an alteration of their systems’ viewpoints.

Jackie, Diana, Anna, and Maria reported knowledge of longstanding religious ideologies held by one or more members of their system that seemed to directly oppose their developing sexual identity. In her narrative, Jackie talked about the influence her Catholic upbringing had upon her coming out process and her decision to wait until after her father had passed away before sharing her sexual identity with her mother:

We went to church every Sunday. I often heard the preacher talk about gays being “sinners.” I grew up in a community that held religious beliefs, but no one actively talked about homosexuality. No one was out. No one pursued that lifestyle even if they were gay... I know that my mother and father were especially devout... I think I believed many of these things too... It made me hate who I was and what I was doing.

Anna's account echoed this sentiment when she described the influence of her Catholic school education. She recalled, "I was one of those Catholic school girls... we learned about the Bible... being gay was said to be a sin, and you knew only men and women were supposed to be together..."

Only 1 out of the 8 participants reported exposure to another lesbian early during their process of identity development. This proved crucial as Kiara had a role model who could not only help her foster an understanding of lesbian culture as it pertains to African American women, but whose experiences she could learn from within their shared family system. Kiara noted how the tone of her family's religion/spirituality changed after her aunt came out. She described a shift in the discussion of homosexuality and the implications of self-disclosure within the family system. Most notably, Kiara shared a story about the "release" she felt after her mom told her that "[her] auntie wasn't going to hell because she was gay."

In terms of this alteration in religious viewpoints, Sofia indicated she no longer identified with the Christian religion because of "religion's views on homosexuality." She "stopped going to church" and now identifies as spiritual. In this way, Sofia was ultimately able to resist the influence of her fundamental beliefs (and those shared by her family) to relieve some of the cognitive dissonance stemming from the messages about homosexuality she had received in childhood.

Major Theme 3: Fear of Detection

The third theme underscored by all participants was a fear of being exposed or "outed" before they intended to disclose their sexual orientation. Some participants took an active role in denying their sexual identity by engaging in heteronormative behaviors and/or by selectively hiding the pieces of themselves they identified as gay. For example, Marie noted she would

bring male friends to family gatherings so her parents would assume he was a love interest. She also removed any art depicting nude women from her walls when her parents would come to visit. Anna described having multiple social media profiles. One profile she “shared with [her] family...the other was the one [she] shared with the rest of the world.” Similarly, Jackie detailed the dichotomy between the types of people she fantasized about engaging in intimate social interactions with (women) and those she deemed acceptable to those around her (men). She “went with three different men to three different school dances in the same year.”

The potential negative implications “being outed” could have had on one’s career and social networks was another aspect of the third theme discussed by Lily and Brittany. Lily described the potentiation for discrimination in the workplace that could occur if she was not careful about who she disclosed to:

My employer did not protect sexual orientation in their employment practices. I could be fired for being gay... I have always known that and have always feared that I would lose my job if I formally came out to my coworkers... I only told those people I was closest to.

Brittany echoed this awareness as she recalled “working in a school, [where] people [had] lost their jobs for a lot less.”

Major Theme 4: Rejection Fantasies

All participants thoroughly addressed concerns about the experience of rejection fantasies. The content of the fantasies varied; however, all involved an anticipated rupture from the family or others in their social group. This included physical removal from the family system, a lack of acceptance, and/or having their identities ignored by the people they chose to disclose to. The source of these fears also varied. Some women cited memories of their families

reacting negatively to seemingly innocuous self-disclosures (not necessarily related to sexual orientation); others recalled negative statements made throughout their upbringing about homosexuality. Some discussed the influence of media in the fears they developed or reactions they anticipated. Other participants indicated they were prepared to defend themselves but were surprised when they didn't have to. For a majority of participants, rarely did a rejection fantasy come true in its entirety.

While discussing fears of rejection, five participants indicated they had prepared for removal from their family system. Brittany shared some of the dialogue she found herself ruminating over whenever she cognitively broached the idea of coming out to her parents. She stated, "I knew that this could go really well and really badly. I'm sure no one wants to imagine being kicked out of their family. But I did... Even though it was irrational, I was afraid..." Similarly, Lily succinctly detailed the process of moving through the initial anticipated reaction of rejection, to preparedness for rejection, to eventual de-escalation due to the seeming indifference and denial of her experience. She remarked:

My fear was always that somehow I would bring shame and disgust upon my family, also the fear I would be kicked out. I came out to my brother about five years before coming out to the rest of the family. And when he reacted by saying, "I don't care," it was almost disappointing because I was ready for a fight... I had a whole speech prepared on defending myself and my worries were wasted because he could not care less and just wanted me to be happy... The hard part was telling my parents. They had such a hard time believing me... I hate to say this, but I think they made it way more about themselves than it needed to be... I was frustrated and after a while I didn't care whether they accepted me or not.

Some of the rejection fears were initiated or bolstered by stories participants had heard firsthand about the negative experiences of others or through a video/other media platform reporting on the topic. Experiences of rejection and resulting “fallout” described in these stories were reportedly impactful on the development of some of these women’s automatic negative assumptions. Specifically, both Kiara and Sofia alluded to the effect of hearing about “threatening” outcomes such as abandonment and suicide. Kiara indicated her fears increased after she watched a “special on YouTube,” in which she learned many “homeless kids are gay and were rejected by their parents.” Correspondingly, Sofia also “heard of someone who committed suicide after their family kicked them out for being gay.” She further reported, “The parents of that kid [who was told to leave] seemed even nicer than mine. Even if they didn’t make me leave, I think we would never be able to get back the relationship we had.”

Major Theme 5: Desire for Authenticity and Connectedness

Another theme that presented throughout this study centered on a desire to be authentic with oneself and with others. This theme emerged as part of a discussion with all eight participants about the core reasons why they chose to disclose their sexuality and to whom they chose to disclose. Many highlighted the interplay between authenticity, increased self-esteem, and feeling connected to others. Five of the participants specifically described self-disclosure as the mark of authenticity. That is, they each felt most genuine when deciding to share their sexuality with others. Anna talked about how she became more comfortable with herself because “for the first time in [her] life, [she] was honest with those around [her] about who [she] really was.” Similarly, Brittany reported self-disclosing to her family resulted in a newfound sense of honesty and openness:

After coming out to my family, I felt like the conversation about who I was with could not be avoided... the discussion about my future family would not involve being with a man... After I realized I was a big homo, my family always asked if I had a boyfriend or why I wasn't married yet. I always had to please my family with a lie about how busy I was... Having officially come out finally put a stop to those ridiculous questions and when family members asked, they knew that I would openly discuss my partner and the life we have shared for a few years now.

The positive implications of living authentically were found to extend beyond the immediate family. Both Lily and Sofia described the importance of authenticity in connecting with the LGBTQ+ community. Each was able to detail the sense of social support and acceptance afforded to them following their disclosure to others who held similar identities. Sophia talked about how she “immediately felt like [she] belonged to something bigger.”

This initial openness was often markedly different than that response each woman received when self-disclosing to their families. The desire to be authentic with others was sometimes hindered by fear and anticipation of rejection. Sofia highlighted this discrepancy when she also described the dissonance that emerged as a result of trying to balance her desire to “live her truth” with the desire to protect herself and her family: “My friends know I am gay but not my family... I go from being out with my friends and totally living my truth to going home and having to hide who I know I really am.”

Lastly, authenticity was also described as playing a role in the perceptions participants had of others. Brittany described the importance of authenticity as it pertained to those she chose to self-disclose to:

It's just like when you know people are ignorant human beings. I wouldn't disclose that [sexual orientation] to them because I don't want to share that part of my life with you... Typically, I don't have a problem expressing that with people I am friends with or people I have a close relationship with... But [with] people I don't really trust as much, I'm not as forthcoming with that information... I guess it's how you get that gut feeling about people, about whether or not they are good or bad people. If I don't think you are a good person or authentic, then I don't want to share my personal life with you.

Major Theme 6: Shifting Family Dynamics

The final major theme encapsulates the shift in the homeostasis of the family system following participants' self-disclosure. Not solely intended to be defined as a negative occurrence, a period of dysregulation was noted by seven participants. Familial responses reportedly varied in intensity and salience, although aspects of self-acceptance and acceptance by others sometimes continued to change over the lifespan. One initial reaction commonly referenced was the experience of rejection where there was previously no history of estrangement. This idea is closely tied to Major Theme 4: Rejection Fantasies. The manifestations of rejection varied, ranging from critical remarks perceived as negative to actual physical abandonment. Marie and Annie talked about how others denied their sexual identity, which can be considered one definition of rejection. Marie noted, "When I first told my parents I was gay, they didn't believe me." Similarly, Annie described changes in communication patterns between her and her mother that she believes to be active attempts at denial and avoidance. She reported:

Sometimes no one talked about it. Other times they wouldn't stop asking me questions... I know she [mom] was scared. She said she couldn't and wouldn't believe it... If I tell her

that I'm seeing someone, she never asks anything about it anymore and talks about something else...

The initial denial and avoidance displayed by Annie's and Marie's parent(s) following self-disclosure appears to be an attempt at maintaining the homeostasis of the family system.

Beyond the denial and avoidance reactions, many of the participants also described their parents reacting with sadness or anger. Lily noted her father was "sad" and her mother was "angry." She described a change in roles where she had to begin to "console [her] mother instead of it being the other way around." Jackie described another type of rejection, the physical absence of a primary attachment figure (her mother), which immediately followed her self-disclosure:

I think I regretted it as soon as I told my mom I was gay... I hadn't seen her cry that much since the day I found out I was adopted. No, probably since my dad passed away. We were sitting at her kitchen table and she walked away... I can still remember sitting there for a couple of hours waiting for her to come out of her room... I ended up leaving.

This perceived abandonment and subsequent isolation from one another lasted for an extended period of time prior to resolution.

In this context, resolution broadly refers to a solution or decision (either positive or negative) made by members of the family system regarding the self-disclosure one member. Just as the exact definition and experience of rejection fluctuated between participants, so did participants' definition and experience of resolution. Some individuals never fully reintegrated into the family and others are still attempting to do so. Brittany most clearly illustrated the nonlinearity of shifting family dynamics and self-acceptance. She reported feeling that her mother had accepted her sexual identity but that she still had difficulty with preconceived notions

and gender norms. She also discussed how she, herself, acts differently depending on the views of the people around her to avoid conflict:

My mom still struggles with it because she can't put my partner and I into a category.

Either as a husband or as a wife. She didn't understand that we could both be girls and be happy, but when it comes to us being together, she is super cool with it... she just doesn't quite get it... I just know there are some people in my life who are super Christian and I just don't talk about it and they have been in my house and have obviously met Judy [Brittany's partner], but I just don't want to give them a reason to say anything hateful because that is just heartbreaking. So, I have just learned that avoidance is the best thing.

Minor Theme 1: Intersectionality of Core Identities

Sofia, Diana, Anna, and Kiara all mentioned holding additional core identities and referenced how they were or were not impacted by identification as a lesbian and/or as an adoptee. For these women, it was their other identities (physically disabled, professional identities, or identities as parents) that seemed to be more intertwined with their sexual orientation than identification as a lesbian. For example, Sofia pointed out how she perceived her disability status to significantly impact her ability to engage in homosexual romantic relationships:

I don't know what was harder for me, accepting the fact that I was going to be deaf or that I was gay... It sucks always trying to get to know someone by lip-reading or using a tablet. Dating has been a major struggle... The people I dated never cared that I was adopted. I think once they got past the fact that I am deaf, nothing else really seemed to matter.

An additional instance when a core identity was reportedly influenced by sexual orientation was discussed by Diana who disclosed the “intense” fears she experienced while considering adopting her own children and becoming a parent. Her apprehensions largely stemmed from anticipation of societal expectations and/or pressures negatively impacting her children’s development. She mentioned:

Before I adopted my kids, I used to think a lot about the impact being gay would have on my ability to parent. It’s not like I expected to be worse or better at it. I just worried. I didn’t want my children to grow up being ashamed or bullied because they had two moms... In some ways, when I did finally decide to adopt, I felt selfish.

Some of the participants seemed to believe their identity as lesbian adoptees could benefit themselves and those around them. Both Anna and Kiara appeared to embrace their differences and reportedly looked forward to how they could integrate these pieces of themselves into their practice. Anna discussed how her identity as a lesbian woman aligns with her professional goal to “play a lesbian onstage; in a musical like *Rent* or *Fun Home*.” Similarly, Kiara reported she is “intentionally” out to the at-risk LGBTQ+ youth with whom she works to build rapport and to provide them with a relatable role model:

I want to work with teenagers who are struggling with their sexuality. All these kids killing themselves because of bullying... They need someone to look up to and let them know they not alone.

Minor Theme 2: Attribution of Blame

Lily, Kiara, and Diana referenced multiple instances during which family members questioned if/what role they had played in the development of participants’ sexual orientation. Specifically, each detailed how others had attributed (or continue to attribute) their homosexual

identity to numerous variables stemming from interpersonal relationships while conveying a general disregard for the theory that human sexuality has a biological basis.

Lily noted that her parents had questioned whether adoption and/or their parenting had somehow “damaged” their daughter and subsequently resulted in sexual attraction to women. She reported, “I think people assume something bad happened to you to make me gay. Even my parents thought that by adopting me they had somehow influenced my sexuality... I know it isn’t a choice. I have felt this way since preschool... I can’t tell you how many times my mother asked me what she had done wrong.” Contrarily, Kiara’s mother did not attribute her daughter’s sexual orientation to her own parenting nor her adoptee status; rather, her mother hypothesized her daughter was trying to “emulate her aunt” who also identifies as a lesbian.

Within this sample, attribution of blame was not solely limited to parental reactions following self-disclosure. Diana shared the unique experience of shame and guilt felt by her husband following her request for a divorce. She mentioned, “[I] saw him go through the stages of grief. The most difficult part was seeing him question his masculinity... He became angry with himself because he thought that it was something he had done, or didn’t do.”

Minor Theme 3: Impact of Situation and Environment on Disclosure

One theme central to Jackie, Anna, and Kiara’s self-disclosure was the influence of their situation/environment on their perception of safety during the coming out process. This theme refers to the narratives describing how these three participants waited to self-disclose until a time when their families seemed most likely to react in the least maladaptive way possible. That is, each sought to maximize their chances for acceptance and recognition by carefully managing the potential influences of time-sensitive moderating variables. For example, Jackie indicated she decided to wait to self-disclose to her family until the turmoil caused by her father’s diagnosis of

terminal cancer subsided. She reported feeling this decision was best for both of her parents, as Jackie anticipated she would only “add unnecessary stress to an already stressful situation.” She stated:

I think my decision to wait to come out to my mom after [my father] died was because I knew it would hurt my dad if I told him I was gay. Also, I knew my mom would react [poorly]... [Coming out at this time] wouldn't have done anything for me.

Kiara discussed her strategy for waiting to self-disclose until after her aunt came out to the rest of their family. She indicated her aunt's experience was the standard by which she measured how and when to come out.

Conversely, Anna recalled how she had incorrectly judged her family's comfort with homosexuality as calculated by their reactions following exposure to a lesbian relationship in popular media. She reported:

I always looked for opportunities to see if I had been able to make them less homophobic. My family watched Gray's Anatomy every Thursday night together... I can remember the first time they introduced Callie [a lesbian character]. Every time she would kiss her girlfriend, my family turned away or made some negative comment. I actually think this was the first time they saw two girls kiss... Each time they [reacted negatively], I tried to tell them that it was okay and that [the Grey's Anatomy actors] were not hurting anyone... Finally, they stopped openly reacting... I don't know if that has anything to do with it but, from then on, I looked for opportunities to sneak in little crumbs about myself... finally thinking they were okay with [homosexuality], I decided to come out. This method didn't work...my father [went] crazy [because of her disclosure].

Minor Theme 4: Need for Repeated Self-Disclosure

Lily, Diana, and Maria described the experience of having to repeatedly self-disclose their sexuality to different members of their social groups. Collectively explained as an ongoing part of life, this theme not only refers to coming out to individuals who had no previous knowledge of their sexual orientation, but also denotes subsequent disclosure experiences to some people over and over again. Lily indicated she didn't initially feel as though others had "taken [her] seriously." She had to "keep telling and reassuring [her] parents... and keep telling men who were interested in dating [her]. Sometimes the same guy would ask [her] out multiple times."

Diana and Maria noted how a history of engagement in behaviors largely defined as heteronormative (i.e., marriage to a man, giving birth to a child while in a relationship with a previous boyfriend) further contributed to the confusion and doubt among those to whom they had disclosed. Diana recalled the period of time following her divorce from her husband. She recalled her husband's attempts at invalidating her experience by attributing Diana's disclosure to a "midlife crisis." Others questioned the credibility of her seemingly "new" identity by making claims her sexuality was not the true reason her marriage was ending. Diana described how, even after 10 years, she still feels she has to justify herself by continuing to come out to those who remain doubtful. Additionally, Maria explained the influence having a son from a previous relationship with a man has had on her disclosure experiences, especially as it relates to sharing her sexual orientation with her mother:

People are so confused when I tell them that I'm gay and that I have a kid... My mother has had an especially difficult time... I guess I don't blame her. For as long as she's known me, I've only ever had boyfriends. I mean, that's how I got pregnant.

Sometimes, I want to start every phone conversation like, “Hi. It’s your gay daughter.”
That way she can’t pretend to ignore me or deny it.

Chapter Summary

This purpose of this study was to capture a deeper understanding of the unique experiences of lesbian adoptees who self-disclosed their sexuality to their adoptive parents. Following transcription of all eight participant interviews, the researcher ascertained six major themes and four minor themes. The six major themes were: Identity Confusion, Influence of Upbringing and Fundamental Beliefs, Fear of Detection, Rejection Fantasies, Desire for Authenticity and Connectedness, and Shifting Family Dynamics. The four minor themes included: Intersectionality of Core Identities, Attribution of Blame, Impact of Situation and Environment on Disclosure, and Need for Repeated Self-Disclosure. In the next section, (Chapter 5: Summary, Conclusions, and Recommendations) these results will be compared with relevant empirical data. The aim of this is to compare and contrast these findings with the available literature highlighting within- and between-group differences among members of the greater LGBTQ+ community. This information may ultimately be used to aid mental health professionals in understanding the unique needs of the target population and may provide lesbian adoptees a sense of validation and support while navigating the sexual identity formation process.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

This phenomenological study sought to better understand the coming out experiences of lesbian adoptees who self-disclosed their sexuality to their adoptive parents. The dissertation aimed to augment and integrate the body of empirical knowledge pertaining to the adoptee experience with that of sexual identity formation in lesbian women. The lived experiences of eight cisgender female lesbian adoptees were captured through face-to-face interviews. The results were subsequently categorized into six major themes and four minor themes. Results of this study can offer basic insight to researchers, educators, clinicians, parents, and adoptees. In this final chapter, the researcher will summarize the key findings from the interviews, utilize relevant literature to develop meanings around the themes that emerged, discuss the potential limitations of the study, explore recommendations for future research, and discuss clinical implications.

Summary of Findings

The researcher conducted interviews with eight participants who each fit all of the inclusion criteria for this study. Participation was voluntary and individuals were not compensated for their time. Data collection occurred via semistructured interviews conducted in person or remotely using a HIPAA-approved video calling service. Following receipt of informed consent, the researcher audio recorded the entirety of the exchange and subsequently transcribed the recording. Utilizing the modified Stevick-Colaizzi-Keen phenomenological method (Moustakas, 1994), the transcribed data was organized, analyzed, and interpreted. This resulted in a rich description of the phenomenon of interest detailed through six major and four minor themes. These major themes are (a) Identity Confusion; (b) Influence of Upbringing and

Fundamental Beliefs; (c) Fear of Detection; (d) Rejection Fantasies; (e) Desire for Authenticity and Connectedness; and (f) Shifting Family Dynamics. The minor themes are (a) Intersectionality of Core Identities; (b) Attribution of Blame; (c) Impact of Situation and Environment on Disclosure; and (d) Need for Repeated Self-Disclosure.

Connection to the Literature

Major Themes

As with much research centered on human development, the process of sexual identity formation has traditionally been defined by linear models. Seeking to provide the best explanation for a truly dynamic process, these models are founded upon observations of people following a particular path of change through time, ending in a specific state of being (Garnets & Kimmel, 2003). The intention was to foster an in-depth understanding of what LGBTQ+ individuals may be going through during the coming out process; however, while the historical utility of these models cannot be rebuffed, current understanding of sexual identity development seems to be stretching them beyond their capacity. Kaufman and Johnson (2004) detailed four of the most notable limitations of linear models of sexual identity development. These restrictions are the assumption that all individuals follow a linear and goal-directed process, an underappreciation for the importance of social context, the failure to acknowledge the influence of holding an often-stigmatized identity, and the undermining of the effect intersecting identities (i.e., race, ethnicity, gender, culture, adoptee status) could have upon the process. This researcher feels the final point has been especially salient for this study, as the unique journey of lesbian adoptees through the lifespan has received little attention in the professional literature.

More recently, research has attempted to adopt a more inclusive and multidimensional conceptualizations of sexual identity. At the most basic level, researchers can concur that, while

each person's path is distinctive based on individual and group characteristics, most within the LGBTQ+ community experience differing degrees of awareness, confusion, labeling, integration, disclosure of identity to self and others, and being out in public (Kosciw et al., 2015; Rosario et al., 2008). As shown in Table 4, the results of the current study largely mirror this conclusion. Most major themes centered upon the recognition of feeling different from their peers (awareness and confusion), attempts to resolve the influence of upbringing and fundamental beliefs (integration), fears of being "outed," anticipated rupture, and the desire to be authentic (disclosure of identity to self and others and being out in public).

Table 4

Similarities Between Hallmarks of the Identity Formation Process and Results of the Current Study

Hallmark	Content of Themes
Awareness and Confusion	Recognition of Feeling Different from Peers
Integration	Attempts to Resolve the Influence of Upbringing and Fundamental Beliefs Fear of Being Outed
Disclosure to Self and Others	Anticipated Rupture Desire to be Authentic

All participants reported a period of time in which they recognized feeling different from their peers. This experience correlates to the aforementioned themes of awareness and confusion characteristic of the LGBTQ+ identity development experience. Broadly defined as a time when individuals become aware of nonnormative thoughts, feelings, and attractions, identity confusion is often prompted by the experience(s) of same-sex sexual fantasies and sexual arousal, and by an understanding of sexual behavior (Newman & Newman, 2008). Research by Sophie (1986) proposed that emotional and sexual attraction begin for lesbian women before they question

societal norms. This researcher believes this may be especially salient for women who recognized these experiences during childhood, as it is possible to reason they have had less time and exposure to social customs. Maria's account highlighted how identity confusion can emerge during childhood through age-appropriate expressions of sexuality and sexual interest:

I first realized I liked girls in fourth grade. There was a girl in my class I couldn't stop staring at... I obsessed over her... It was the cool thing for all the girls to hate boys. I think it was some immature way to flirt, but I actually hated boys... All I knew was I didn't care for boys the same way my friends did. I hated kissing them... Sometimes I would pretend I was shy just so they wouldn't kiss me.

Although innocent in nature, Maria's experience also details some of the puzzlement that often pervades initial awareness of same-sex attraction. Similar narratives were also described by Lily, Sophia, Anna, and Kiara, who each endorsed recognizing they were "different" during childhood and adolescence. Jackie, Brittany, and Diana indicated this awareness did not occur until later in life.

Overall, quantitative information specific to the experience of identity confusion (i.e., age of initial awareness, gender differences) has been largely unavailable; however, recent results from a dissertation completed by Alexandra Coletta (2016) indicated that identity confusion is significantly associated with outness in college-aged lesbians; a higher level of identity confusion can predict a lower degree of overall outness. Further, qualitative data have described ways in which identity confusion is addressed within the general LGBTQ+ population. Dilley (2002) found that once an individual can label their behavior as potentially homosexual, they often engage in one of four actions: searching for information on homosexuality, restricting behaviors perceived as homosexual, avoiding information about homosexuality, or redefining

thoughts or behaviors in a nonhomosexual content. Taken together, the current study did not utilize quantitative survey instruments; therefore, it is difficult to determine if and how levels of identity confusion differ for lesbian adoptees versus nonadopted lesbian women. Conversely, many of Dilley's findings were reflected so strongly in participants' narratives that an additional theme was established (Major Theme 3: Fear of Detection). This suggests that the influence of nonnormative thoughts, feelings, and attractions on behaviors after the initial experience of identity confusion does not differ significantly between lesbian adoptees and the general LGBTQ+ population. These similarities are further detailed and compared to a study on the experience of non-adopted lesbian women in the discussion of Theme 3.

The second theme endorsed by a majority of the participants references the influence of upbringing and fundamental beliefs on the self-disclosure process. Most often discussed as the presence (or absence) of fear stemming from exposure to homophobia, social context has been found to be the primary determinant of an individual's reaction to identity confusion. Fear can be elicited when individuals recognize that conflicting mores and norms exist between self-perception, behavior, perceptions of how others view them, and one's understanding of homosexuality as it has been taught and modeled by their primary social systems (Cox & Gallois, 1996; Hollander & Haber, 1992; Shapiro, Rios, & Stewart, 2010).

Most participants defined their fundamental beliefs as being shaped by their religious upbringing in the home and educational environment. Jackie, Diana, Anna, and Maria reported knowledge of longstanding religious ideologies held by one or more members of their system that seemed to directly oppose their developing sexual identity. Jackie talked about the influence her Catholic upbringing had upon her coming out process. She stated:

We went to church every Sunday. I often heard the preacher talk about gays being “sinners.” I grew up in a community that held religious beliefs, but no one actively talked about homosexuality. No one was out. No one pursued that lifestyle even if they were gay... I know that my mother and father were especially devout... I think I believed many of these things too... It made me hate who I was and what I was doing.

Anna’s narrative echoed this sentiment when she described the influence of her Catholic school education:

I was one of those Catholic school girls... We learned about the Bible... Being gay was said to be a sin, and you knew only men and women were supposed to be together...those thoughts were the hardest to let go.

Research by Sherry, Adelman, Whilde, and Quick (2010) suggested Jackie and Anna’s perceptions are not unusual. Conclusions from their study of 422 individuals who identified as lesbian, gay, or bisexual indicated participants who indicated high importance was placed on religion in childhood reported higher levels of guilt, shame, and internalized homophobia. Results also implied these individuals experienced increased amounts of difficulty when processing their sexuality.

Another influence of social context stems from primary attachment figures holding a rudimentary and naïve understanding of homosexuality. Family members may lack exposure to the LGBTQ+ community and might rely on cultural assumptions to process and understand their experiences. As a result, attachment figures may unwittingly ascribe inaccurate portrayals of homosexual orientation, gender identity, and expression to their children. Most families do not (or are unable to) provide role models or opportunities to socialize with other individuals sharing similar sexual identities (D’Augelli et al., 1998). Jensen (1999) stated, “To know that she may

be a lesbian or bisexual, a woman needs to see positive, healthy images of ordinary lesbian or bisexual women with whom she can identify” (p. 150). The current study highlights the disparity found in the literature between the number of lesbians and the frequency with which they have access to appropriate role models. Only 1 out of the 8 participants reported exposure to another lesbian early during their process of identity development. Further, the presence of a role model in the family seemed to moderate the impact of devout religious identity on views of homosexuality and subsequent feelings of fear.

The third theme underscored by participants was a fear of being exposed or “outed” before they intended to disclose their sexual orientation. LaSala (2000) found that apprehensions related to upsetting family, friends, or society and a corresponding desire to protect oneself and others are common motivators to remain closeted in the LGBTQ+ population. One of the primary ways this is achieved is by “passing” as heterosexual. Passing refers to when an individual is perceived as holding a sexual identity that differs from their true sexual orientation. For lesbians, this would include engaging in actions/situations which are stereotypically ascribed to heterosexual women and the concurrent avoidance of those actions/behaviors not typically ascribed to heterosexual women. A dissertation study completed by Kimberly Bridget Bonner (2010) described different types of passing behaviors found among lesbian women in the military. These methods are masking female masculinity and avoiding those who present expressions of “butch” lesbian gender, avoiding performing transgressive feminine gender behaviors, avoiding engaging in transgressive feminine social behaviors, and creating hetero decoys: boyfriends, fiancés, and husbands.

What makes Bonner’s research relevant to this particular study is that, although the participants in her research represent a different subgroup of lesbians with a unique set of

challenges, many of their techniques have been utilized by the lesbian adoptees interviewed for this study. Marie would bring male friends to family gatherings so her parents could assume they were love interests. She also removed any art depicting nude women from her walls when her parents would come to visit. Anna had multiple social media profiles. One profile she “shared with [her] family... The other was the one [she] shared with the rest of the world.” Overall, these common experiences highlight the idea that passing behaviors can transcend lesbian subgroups and do not define the lesbian adoptee experience.

The strength of familial relationships and anticipated reactions to the disclosure of sexual identity can be highly influential in the process of identity formation. According to Ryan (2003), fears of ridicule and rejection are primary concerns when it comes to publicly announcing one’s sexual identity. His research correlates with the fourth theme, the experience of rejection fantasies, detailed by a majority of participants. The content of the fantasies varied; however, all involved an anticipated rupture from the family or others in their social group. This included physical removal from the family system, a lack of acceptance, and/or having their identities ignored by the people to whom they choose to disclose. The source of these fears also varied. Some women cited memories of their families reacting negatively to seemingly innocuous self-disclosures (not necessarily related to sexual orientation), while others recalled negative statements made throughout their upbringing about homosexuality. Sofia’s account highlighted the influence external sources of information can have upon the content of rejection fantasies and the decision about whether to disclose:

I know people whose parents told them to leave after they came out... I also heard of someone who committed suicide after their family kicked them out for being gay...

When you hear stuff like that, it’s all that you think about. The parents of that kid [who

was told to leave] seemed even nicer than mine... I also don't want to hurt them. Even if they didn't make me leave, I think we would never be able to get back the relationship we had.

Research suggests the fears of these participants are not unfounded. Although the exact number of people who experience rejection fantasies was not detailed, qualitative data suggest rejection by primary caregivers can be a true possibility. A review of the literature revealed approximately one third of youth experience parental acceptance, another third experience parental rejection, and the remaining third do not disclose their sexual orientation even by their late teenage years and early 20s (Rosario & Schrimshaw, 2013). This researcher feels the number of those who experience parental rejection is especially salient, as studies have also found familial rejection is highly associated with mental health problems. One estimate revealed that LGBTQ+ individuals who experienced rejection were 8.4 times more likely to have attempted suicide, 5.9 times more likely to endorse high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to have unprotected sex (Ryan et al., 2009).

The influence of adoptee status was only mentioned in Kiara's account as she recalled some of the fantasies she considered before coming out to her family:

I know you have been asking about adoption too... I don't know if that made me more afraid. I didn't think they could return me to the orphanage, but I wasn't sure... I know a lot of homeless kids are gay and were rejected by their parents... I didn't have a plan beyond potentially begging for forgiveness when I told them.

This finding could indicate these participants perceived their sexual orientation to be a greater threat to their attachment relationships than their adoptee status.

The experience of rejection fantasies has also been explored in previous research on the target population, though results are mixed. The earliest published study investigating the lived experiences of the target population qualitatively concluded a majority of the 13 participants affirmed that their sexual identity and subsequent coming out process affected relationships with their adopted parents and/or family (Bruining, 1995). Yet, rejection fantasies were not noted as a primary concern. On the contrary, a recent mixed methods study of 14 lesbian adoptees found adoptive identity contributed to increased levels of anxiety and fear during the coming out process (Cain, 2017). Participants in Cain's (2017) study expressed concerns that they would lose their adoptive families (i.e., rejection fantasies) when coming out due to the assumption that their adoptive bonds would not be as strong as biological bonds. Taken together, the narratives obtained in the current study suggest the participants' experiences are more closely aligned with Cain's work, though both have cited attachment to primary caregivers as a predominant influence on the self-disclosure process. The impact of attachment specific to the findings detailed here will be discussed further in a subsequent section.

The fifth major theme was the desire to be authentic and connected to others. This theme emerged as part of a discussion about the core reasons why participants chose to disclose their sexuality and to whom they disclosed. Authenticity involves the individual's subjective sense of what the true self is, as well as the individual's emotional experience of being true or untrue to that self (Vannini & Franzese, 2008). The prominence of this theme was congruent with the extensive empirical work describing authenticity's role in psychosocial development and sexual identity development. In both bodies of literature, authenticity is seen as necessary for optimal functioning and well-being (Erikson, 1995; Horney, 1950; Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Rostosky, Riggle, Pascale-Hague, & McCants, 2010). Five of the participants

described the self-disclosure of their sexuality as the mark of authenticity. Although linear models of sexual identity formation were critiqued earlier in this discussion, the idea of authenticity as a crucial step in the identification process corresponds to the stage defined as Identity Acceptance/Identity Assumption. This suggests that the desire for authenticity and connectedness is an experience shared by other members of the LGBTQ+ community. Out of all of the participants, Anna's account most succinctly sums up the significance of coming out in this process. She stated, "I realized [coming out] has made me feel comfortable with myself... because I was finally, for the first time in my life, I was honest with those around me about who I really was."

Research has suggested the outcome of this sense of congruency between the true self and the portrayed self, in the absence of rejection, increases psychological and interpersonal functioning (Kernis & Goldman, 2006). Correspondingly, Leary (2003) found that a lack of authenticity leads to psychopathology and distress because it can cause people to engage in forced, unnatural behaviors. This idea of "passing" as it relates to the current theme also ties back to the behavioral modifications illustrated during the discussions of the first major theme (Identity Confusion) and the third major theme (Fear of Detection). This connection is best described by Brittany, as she recalled how being authentic to her parents led to the cessation of passing behaviors and familial inquiry:

After coming out to my family, I felt like the conversation about who I was with could not be avoided... the discussion about my future family would not involve being with a man... what I'm trying to say is that, after I realized I was a big homo, my family always asked if I had a boyfriend or why I wasn't married yet. I always had to please my family with a lie about how busy I was... Having officially come out finally put a stop to those

ridiculous questions and when family members asked, they knew that I would openly discuss my partner and the life we have shared for a few years now.

Similar feelings of increased connectivity to family members and to the greater LGBTQ+ community were also discussed by other participants.

The final major theme, Shifting Family Dynamics, encapsulates the drastic shift in the homeostasis of the family system following participant's self-disclosure. Not solely intended to be defined as a negative occurrence, a period of dysregulation was noted by seven participants. Available data about the impact of coming out on relationships to primary attachment figures indicates that 56% of LGBT adults have told their mother about their sexual orientation, while only 39% have told their father. Of those that have told their mother, 39% have said their relationship with her has grown stronger, 46% said their relationship did not change, and 14% said that their relationship became weaker. After telling their father, 54% of LGBT adults say their relationship has not changed, 32% have said their relationship has grown stronger, and 13% describe how telling their father made their relationship weaker (Pew Research Center, 2013). Compared to data gathered from the current study, the personal narratives of lesbian adoptees seem to contain higher accounts of self-disclosure resulting in a weakening of the relationship or no change at all. Only a couple of participants described improvements, though they were most often referring to a reduction in the internal feelings of incongruency they had experienced whenever interacting with a primary attachment figure.

Considering the outcome of the weakening of relationships, some participants did report experiencing the ruptures or rejections they had anticipated (as detailed in the discussion of Major Theme 4: Rejection Fantasies). As aforementioned, these rejections can appear as physical removal from the family system, a lack of acceptance, and/or having their identities

ignored by the people to whom they choose to disclose. According to a 2013 Pew Research study, approximately 39% of LGBTQ+ individuals interviewed say that at some time in their life they were rejected by a family member or a close friend because of their sexual orientation or gender identity (Pew Research Center, 2013). This value is much lower than the number of lesbian adoptees who experienced these real/symbolic losses; however, the Pew Research study did not elaborate upon their definition of “rejection.” It is possible the definition used for this study was much more general than that used in other research. To provide context, Anne’s account highlights the lack of acceptance which can be considered one definition of rejection:

It was not only hard for me, it was also really hard for my family... Sometimes no one talked about it, other times they wouldn’t stop asking me questions... I think they were trying to figure out how they could fix me... I know she [mom] was scared. She said she couldn’t and wouldn’t believe it. For a while, we never saw each other because she couldn’t afford to take care of me by herself. Eventually, she started going to a church group for parents who have gay children. I didn’t want her to go at first because I was scared that it was a group about how to convert your children back... She asked me to come, but I never went... I don’t think she’s accepted me fully yet... Sometimes I think she still denies it. If I tell her that I’m seeing someone, she never asks anything about it and talks about something else...

Jackie described another type of rejection, the physical absence of a primary attachment figure (her mother), which immediately followed her self-disclosure:

I think I regretted it as soon as I told my mom I was gay... I hadn’t seen her cry that much since the day I found out I was adopted. No, probably since my dad passed away.

We were sitting at her kitchen table and she walked away... I can still remember sitting there for a couple of hours waiting for her to come out of her room... I ended up leaving. For the purposes of this study, both of the aforementioned examples were interpreted as examples of rejection. Another potential reason for the discrepancy between those participants who reported rejection versus those who did not is the ever-evolving nature of interpersonal relationships. Participants endorsed the idea that the journey is nonlinear and can be unpredictable. Aspects of self-acceptance and acceptance by others continue to evolve over the lifespan while, for some, it can seem unachievable. The Pew Research study (2013) and the current study of lesbian adoptees is simply catching a snapshot in time. Individuals can speak to past experiences, but the sample size was not large enough to make valid statistical conclusions or to stratify according to age.

Minor Themes

The minor themes will also be discussed briefly. These themes were ideas endorsed by at least three out of the eight participants. They are (a) Intersectionality of Core Identities; (b) Attribution of Blame; (c) Impact of Situation and Environment on Disclosure; and (d) Need for Repeated Self-Disclosure. “Minor” is largely intended to introduce ideas that can potentially be expanded upon in the future. The use of the phenomenological research model and small sample size limits the ability to conclude that these themes occur less often in the lesbian adoptee population. Many of these themes were gathered through nondirected conversation or briefly touched upon as participants were articulating major themes.

As discussed in the first paragraph of this section, all humans hold multiple identities. The influence of one identity on another is unavoidable. The participant pool was comprised of multiple ages, races, ethnicities, religions, and abilities. The degree of importance participants

placed on each of their identities also varied. This included the two identities at the center of this study: identification as a lesbian and identification as an adoptee. In the initial stages of the study, the research question centered on the differences between the self-disclosure to others as an adoptee and as a lesbian; however, it quickly became apparent that a participant's coming out experience as a sexual minority could be described with greater richness and depth. Only three participants chose to elaborate upon how their identity as an adoptee was or was not influenced by their identity as a lesbian. For most, it was the other identities they held (ability status, professional identities, or identities as parents) that seemed to be the most connected to their sexual orientation. Because empirical data on the lesbian adoptee population are largely unavailable, it is difficult to determine if this trend is reflected in the greater population or if adoptee status has a greater or lesser influence on different aspects of identity.

The second minor theme is the Attribution of Blame. This theme is founded on the shared narratives of lesbian adoptees who reported instances during which family members questioned if/what role they played in an individual's sexual orientation. One mother hypothesized that her daughter was trying to emulate another family member who identified as a lesbian. Other parents questioned whether adoption and/or their parenting had somehow "damaged" their daughters, subsequently resulting in sexual attraction to women. While this idea was endorsed by only three participants, this concept, defined as attribution theory, is a well-established theoretical framework in existing social psychology literature.

Initially developed by Weiner (1980), attribution theory predicts that perceptions of one's ability to control the causes of an event will mediate the affective responses associated with that event. In each of the examples shared by the participants, their primary attachment figures assumed the development of homosexuality was rooted in experiences or relationships perceived

to have a direct impact on their sexual development. This perception connects back to the idea introduced in the discussion of Major Theme 2 wherein others in the system may rely on outdated or ignorant cultural assumptions or portrayals of homosexual orientation when interacting with sexual minorities. When attribution theory is applied to homosexuality, such misperceptions can result in feelings of guilt and shame experienced both by LGBTQ+ individuals and (in this instance) their family members. Whitley's (1990) research into the relationship between heterosexuals' attributions about the causes of homosexuality and their emotions toward gays and lesbians found that people who believed that homosexuality was under an individual's control reported feeling more negative emotions toward the person. Correspondingly, Agüero, Block, and Byrne (1984) found that people who believed homosexuality was biologically determined held fewer negative attitudes toward LGBTQ+ people than those who believed that homosexuality was a personal choice.

The third minor theme is the Impact of Situation and Environment on Disclosure. Before disclosing to primary attachment figures, individuals must balance the desire to be authentic (Major Theme 5: Desire for Authenticity and Connectedness) with the fundamental needs of safety, security, and protection. Attachment figures identified as having conflicting views can pose both real and imagined threats to the attainment of these primary needs. If an individual anticipates negative reactions could be too overwhelming, this fear may cause a person to hide his or her sexual orientation (Herek, Gills, & Cogan, 2009).

In the current study, three participants described waiting for a time when their families seemed least likely to react in a maladaptive way. One particularly impactful narrative highlighting this evaluation process was contained in Jackie's explanation of her decision to wait before coming out to her parents. She stated:

My family knew my father was sick for a long time. He had cancer. I think my decision to wait to come out to my mom after he died was because I knew it would hurt my dad if I told him I was gay. Also, I knew my mom would react the way she did [when I finally told her I was gay]. I think it would have added unnecessary stress to the situation. It wouldn't have done anything for me... It took me another 10 years before I told my mom. I kept telling myself that it would be too much for her to hear... I only had one parent left... No time ever felt like the right time.

In this instance, Jackie was not only accounting for her safety, but she was also considering the safety and well-being of her primary attachment figures. She navigated both real losses (i.e., the death of her father and identity as a child with two parents) and imagined loss (i.e., the anticipated negative reaction to self-disclosing) when determining that her need to be authentic did not yet supersede her most fundamental needs. Jackie further exemplified the unpredictability of the amount of time it takes to develop/redevelop a sense of safety and trust once an initial appraisal of attachment figures and environment was complete. Correspondingly, empirical data are unable to prescribe a specific amount of wait time due to the immense variability in personal and environmental factors. The specific influence adoptee identity can have on the impact of situation and environment will also be examined in a subsequent section, as none of the participants voiced insight into instances where one could have potentially influenced the other.

The final minor theme is the experience of repeated self-disclosures. Well-documented in the existing literature on the LGBTQ+ experience, coming out is not simply a one-time occurrence. Most models of sexual identity development recognize coming out as an ongoing process (Mohler, 2000). Denes and Afifi's (2014) study of communication following LGBT

individuals' first self-disclosure to primary attachment figures (i.e., their parents) indicated that approximately 22% of participants had to disclose to their parents a second time. This finding corresponds to the 20% of lesbian adoptees in the present study who indicated they had to self-disclose to their parents more than once. This statistical correlate suggests the experience of repeated self-disclosure does not significantly differ based on identity as a lesbian adoptee. Reinforcement of sexual orientation, clarification of differing aspects of sexual identity, and a desire to share more information about LGBT culture were some of the reasons for repeated self-disclosures identified in the literature and throughout this phenomenological inquiry (Denes & Afifi, 2014).

General Conclusions and the Influence of Attachment

An abundance of literature exists defining attachment theory and models of attachment. Exploration into the unique adoptee experiences of attachment to primary caregivers has also been an area of recent empirical interest. Interestingly, only a few studies have applied attachment models to lesbian identity formation and even fewer, if any, have attempted to define the lesbian adoptee experience.

What we do know is that the types of relationships formed between infants and caregivers are believed to affect development throughout the lifespan. The literature on the impact of separation from the biological family is still developing; however, empirical data suggest attachment relationships between children and their birthmothers begin in utero (Carlis, 2015). Communication with an unborn child is critical to the attachment and bonding process. The unborn child who experiences maternal rejection due to environmental stress could carry these emotional patterns throughout development. High levels of emotional stress have been associated with anxiety, apprehension, and emotional instability (Carlis, 2015). This researcher

feels this finding is especially salient, as biological mothers may experience heightened levels of stress surrounding the decision whether or not to relinquish their child. Further, Spronk (2010) found it is not unusual for children to internalize the losses associated with adoption as instances of rejection or abandonment during the developmental process. Research into the mental health outcomes of adopted individuals supports Carlis's and Spronk's work. Data suggest adoptees experience more psychological difficulties and are overrepresented in inpatient and outpatient psychiatric referrals than nonadopted children (Cubito & Obremski, 2000; Logan, Morrall, & Chambers, 1998).

Age at adoption has also been found to play a significant role in attachment styles. While results of individual studies have been variable, a meta-analysis shows children who are adopted after the age of 6-12 months old may be predisposed to develop fearful-avoidant attachment relationships (Van den Dries et al., 2009). This finding suggests adoptees may be more likely to perceive coming out as a significant threat to attachment security. Of note, one way in which this researcher attempted to mitigate the impact age at adoption had upon the current study was to limit participation to individuals adopted before the age of 12 months old. Race of adoptee was not controlled for, as Baden (2007) found identity as a transracial adoptee was not useful in predicting psychological adjustment.

In addition, participants had to identify as cis-gender female lesbians. Broadly speaking, attachment styles may play a role in affect regulation (e.g., managing homonegativity) and support-seeking behaviors of LGBTQ+ individuals facing threatening aspects of the identity development process (Mohr & Fassinger, 2003; Rosario, 2015). The "threatening aspect" of the process examined in the current study is self-disclosure to primary attachment figures (i.e., one's parents). Self-disclosure is viewed as a necessary step to healthy identity formation (Cass,

1984); therefore, it can be inferred that the establishment of a secure attachment is a critical step in lesbian identity development. Research specific to lesbian identity formation supports this conclusion. Lesbians with secure attachments were more likely to feel comfortable with their own sexual identity, more often come out to their parents, and experience fewer psychopathological sequelae resulting from self-disclosure (Holtzen et al., 1995).

Taken together, most findings mirrored available research on the coming-out experiences of sexual minorities and, when applicable, data specific to lesbians. Anecdotes describing the experience of identity confusion, the influence of fundamental beliefs (especially religiosity), the fear of being outed, the desire for authenticity and connectedness, the impact of situation and environment, and reports of repeated self-disclosures each represent themes shared by multiple subgroups in the LGBTQ+ community. Participant descriptions of “passing” behaviors were those pieces of data which most strongly echoed empirical findings unique to the lesbian experience; however, it did not further differentiate lesbian adoptees. In fact, most participants failed to acknowledge that identity as an adoptee influenced their sexual identity in any capacity. Instead, they spoke of the significance identification as a professional in the workforce, as physically disabled, and/or as a parent had on their identification as lesbian women. Another theme that received less endorsement than this researcher anticipated was the idea of attribution theory and inquiry into how primary attachment figures understood the root of participants’ sexual identity. Commonly evaluated in scholarly works and current debates, determining the “cause(s)” of homosexuality has been a belabored topic with substantial implications for all subgroups within the LGBTQ+ community. Further research may help to clarify why this exists as a minor theme, as the structure and limitations of the current study may have resulted in underarticulation of this topic.

The influence of attachment seemed most significant on the experience of rejection fantasies and the impact of self-disclosure on relationships to primary attachment figures. All participants anticipated a rejection response when coming out. The overwhelming endorsement of this major theme matches research gathered from the one available study of the lesbian adoptee experience completed in the past 30 years (Bruining, 1995). Although exact estimates on the prevalence of rejection fantasies in the general LGBTQ+ population was unavailable, this finding may affirm the idea of a disproportionately high number of insecure attachments between lesbian adoptees and their primary caregivers. Additional support for this hypothesis is based on congruencies with Borders et al.'s (2000) research on adult attachment security. Comparison data was obtained through an evaluation of measures of psychosocial well-being completed by adult adoptees and by a matching control group. Results indicated adoptees were underrepresented in the secure attachment group, overrepresented in the preoccupied and fearful groups, and they reported less support (from both family and friends) than their nonadopted counterparts. This researcher feels this outcome may help to explain the notable impact coming out had on relationships to attachment figures in the present study. Participants chiefly reported a subsequent weakening of relationships or that there was no change in the relationship following self-disclosure to parents. This contradicts data on the coming out experiences of the general LGBTQ+ population, wherein at least one third of the sample reported that coming out to parents strengthened the relationship between them (Pew Research Center, 2013). Taken together, the findings consistently allude to fundamental differences in the attachment security between lesbian adoptees and their parents.

Researcher Dynamics

The researcher is the primary mechanism of analysis across every phase of a qualitative research project (Starks & Trinidad, 2007). As a largely subjective endeavor, the assumptions, values, interests, emotions, and preconceptions of the researcher is pervasive within and across the research process. This transmission of ideas influences how the data are gathered, interpreted, and presented. In phenomenological research, *epoché* (or *bracketing*) is the process of blocking assumptions and bias through an examination of a researcher's experiences in an attempt to increase the rigor of the project and allow the researcher to record participants' descriptions in an "open and naive manner" (Eddles-Hirsch, 2015, p. 252).

Consistent with this practice of keeping an open mind and listening in a receptive manner, this researcher identified some personal assumptions prior to and during the data collection process. These assumptions were grounded in the researcher's own experiences as a lesbian adoptee, discussions with their peers who hold the same identities, and through both formal and informal educational opportunities (e.g., readings, videos, etc.). Though this researcher did not include themselves as a participant, they engaged in self-reflection while formulating the interview questions and considered what answers they might have given.

Some of the assumptions were as follows:

- Participants who identify as lesbian adoptees will be open to speaking to another self-identified lesbian adoptee about issues pertaining to their coming out experience.
- Cis-gender females who are only sexually attracted to other women will identify as lesbians and will be comfortable being labeled as such for the purposes of this research.
- Lesbian adoptees will describe similar experiences related to their adoption experience due to confines of the inclusion criteria limiting the age at adoption.
- Transracial adoptees will describe decreased levels of attachment security beginning in childhood when compared to same-race adoptees.

- Lesbian adoptees have experiences wherein their attachment to a primary attachment figure is threatened during the coming out process.
- Lesbian adoptees will vary in their perception of being placed for adoption as a form of abandonment by their biological parents, although few that endorse this belief will connect it to their apprehensions stemming from coming out to primary attachment figures.
- Lesbian adoptees will report their adoptive parents speculated about the impact being adopted has had on their children's sexual identity versus the impact of genetics from the biological family.
- Lesbian adoptees will have had negative encounters with adoptee or sexual orientation slights from individuals within their environment.
- Lesbian adoptees will describe increased levels of coming out related stress when compared to the literature describing the experiences of biological children self-disclosing to a biological parent.
- Because of the uniqueness of the population, lesbian adoptees will utilize the interview process as a way to further explore their own identities by attempting to engage with the researcher about the researcher's own experiences or to seek validation of their apprehension/fears related to their coming out process.
- There will be an increased prevalence of mental health issues (both diagnosed and undiagnosed) reported from lesbian adoptees when compared to the rates of individuals in other LGBTQ populations who were raised by biological parents.

Limitations

This study several limitations. The first relates to the small participant sample size. In general, Creswell (1998) recommended restricting participation to between five and 25 individuals for phenomenological research. Such a small number permits case-oriented analysis and the development of a new and richly textured understanding (Sandelowski, 2001). While this is the underlying goal of phenomenology, the results lack the appropriate power necessary to confidently generalize findings to other individuals in the target population. Further, as this population is underrepresented in the scientific literature, few opportunities were available to compare the results with projects measuring the same variables. Therefore, data gathered during

this study are currently restricted to representing the unique experiences of the eight participants involved. The information obtained from this research may be best utilized as the establishment of a basis for further qualitative and quantitative inquiry. It can also contribute to the development of new theories. Further, these data may help expose misconceptions about the lesbian adoptee experience.

Additionally, participation in this study was voluntary and interested individuals were self-selected. That is, lesbian adoptees who had a particular interest in sharing their experiences were more likely to engage. Subject to the inclusion criteria and selection by the primary researcher, self-selection bias has the potential to occur and some findings could be exaggerated due to an uncontrolled moderator variable rooted in the sampling method. Lastly, it would also be valuable to examine the coming out experiences of individuals identifying within the other subgroups of the LGBTQ+ population. Consistent with the limited research available on lesbian adoptees, empirical research into issues specific to other sexual minority groups is largely limited.

Future Research

Considering the aforementioned limitations, there is still much more work to be done to understand and to provide support to lesbian adoptees. This study may be considered a starting point for future research concerning the impact intersectionality of identification as an adoptee and identification as a lesbian has for cis-gendered women coming out to primary attachment figures. Although proper phenomenological research seeks to provide a richer understanding of participants' experiences, it will likely become beneficial to incorporate the implementation of quantitative research instruments (such as the Adult Attachment Scale or the Measure of

Attachment Qualities Scale) to provide a concrete measure of attachment security during childhood/adolescence and at the time of the interview.

Additionally, there are currently no models or best practices specific to the lesbian adoptee population. By obtaining and examining data through a range of relational constructs and via differing methodologies, an increasingly rich understanding of the phenomenon of interest will likely become possible. Moving forward, a longitudinal examination of the coming out experiences of lesbian adoptees may prove crucial in understanding changes in this population over time. Researchers can investigate changes at different points in the lifespan and explore some of the reasons why these shifts may take place. Repeated longitudinal studies may offer the insight necessary to develop an identity development model specific to the lesbian adoptee population.

With the understanding that not all sexual minorities are alike, future research should also extend the empirical inquiry to the unique experiences of other groups within the LGBTQ+ adoptee community. By engaging in research within each unique subgroup, a collection of population-specific data may lead to a reduction in the practice of relying on overgeneralized reference groups and would allow for the tailoring of clinical approaches and promotion of treatment efficacy. Lastly, to increase the breadth of available literature and clinical recommendations, an examination of the experiences of the primary attachment figures of LGBTQ+ adoptees may provide an imperative vantage point. Considering the pivotal role many primary attachment figures often play in the coming out process, particular attention should be dedicated to understanding adoptee experiences on a systemic level. This is especially critical as one of the research questions centered upon identification of resources or supports which positively influenced the lesbian adoptee experience of self-disclosure. One participant freely

identified a homosexual family member as playing a central role in her self-disclosure journey. She discussed her family member's importance as a role model and point of reference when deciding when to self-disclose and reactions to expect. Including an interview question designed to specifically elicit this information could encourage participants in future studies to further elaborate upon this point of interest.

Clinical Implications and Recommendations

The results of this study illuminate the potential psychological and behavioral sequelae associated with the coming out experiences of lesbian adoptees. These findings have implications not only for the clinicians who work with individuals in the target group, but for lesbian adoptees themselves. This is especially important, considering there is an extremely limited amount of published research aimed at helping to shed light on the experiences of this unique subgroup within the lesbian community. What can be definitively said is that data independently gathered on each identity, that is, separate research on lesbians and separate research on adoptees, conclusively hold that individuals identifying within either group disproportionately experience more psychological difficulties and are overrepresented in inpatient and outpatient psychiatric referrals when compared to nonmembers. Explanations of causality vary; however, the current study implies the root(s) of maladaptive thoughts and behaviors in lesbian adoptees may be significantly impacted by attachment strength to primary caregivers.

For Clinicians

A majority of the findings acquired in this phenomenological inquiry mirrored available research on the coming out experiences of sexual minorities and, when applicable, data specific to lesbians. Shared experiences of identity confusion, the influence of fundamental beliefs

(especially religiosity), the fear of being outed, the desire for authenticity and connectedness, the impact of situation and environment, and reports of repeated self-disclosures were noted. This suggests these experiences do not delineate the lesbian adoptee experience from that of the greater LGBTQ+ community. The themes that did seem to be unique to the target population were the influence of attachment on the experience of rejection fantasies and the impact of self-disclosure on relationships to primary attachment figures.

Most participants failed to acknowledge identity as an adoptee influenced their sexual identity in any capacity; however, the more nuanced pieces of their personal narratives suggest otherwise. As a clinician, it is imperative to remember that the various identities humans hold do not exist in a vacuum. Clients may offer differing degrees of insight into how one identity influences the other; however, this does not mean unconscious processes are not taking place. This researcher feels the maintenance of this realization is especially crucial when considering which intervention strategies to employ.

Literature has postulated that sexuality-specific social support, the development of insight and empathy towards others, and freedom from societal definitions of roles may be protective factors in forming a positive LGBTQ+ identity and feelings of well-being (Strong, Riggle, Olson, Whitman, & Rotosky, 2008). The most widely accepted forms of intervention designed to achieve these goals are gay or LGBT-affirmative therapies. These interventions are defined as any therapy that seeks to affirm homosexual identity, reduce psychopathology, promote psychological well-being, and allow for individuals to experience positive human interaction with others who may hold a heterosexual identity (Crisp & McCave, 2007; Strong et al., 2008). The utility of these interventions to treat certain aspects of the “shared experience” cannot be

minimized; however, one of the major critiques of affirmative therapies is the lack of research on targeted interventions specific to the subgroups that comprise the LGBTQ+ community.

This concern is echoed in this discussion of the applicability of affirmative therapies for the lesbian adoptee population. A thorough analysis of the themes suggests this target population experiences higher rates of attachment-based dysfunction than the general LGBTQ+ community and, more specifically, than other lesbian nonadoptees. As a result, interventions focusing on attachment-based work may be most fruitful when processing issues surrounding self-disclosure to primary attachment figures. A substantial amount of research about attachment-based therapies regards the child as the primary target of clinical intervention (Johnson & Whiffen, 2006). Such therapies may seek to confront the sources of dysfunction by identifying and dismantling psychological defenses and rebuilding interpersonal trust. As with affirmative therapy, an adaptation of these models to meet the needs of the adult adoptees may be necessary. The goals of the therapeutic relationship may shift towards reparative work if clients have already experienced a rupture in the relationship to primary attachment figures.

Incorporation of family therapy may be considered depending on the age of the individual and if it becomes clinically indicated. Using an experimental design, Diamond et al. (2001) demonstrated that attachment-focused family therapy is effective in altering adolescents' perceptions of attachment. Parents were coached on how to empathize and discuss attachment-related fears, needs, and concerns with their children. They were also provided the space to process their own shame, anger, and fear associated with their child's homosexual identity. Results of this study indicated children who were engaged using this therapeutic modality experienced a reduction in attachment-related anxiety, a decrease in suicidal ideation and depressive symptomatology, and a lowering of avoidant behaviors (Desnoyers, 2014; Diamond

et al., 2001). Integration of these findings with the data procured by the current study suggests provision of psychoeducation to parents and the establishment of a safe, controlled space to explore responses to disclosure is highly advisable. Further, concurrently enrolling LGBTQ+ children and their parents in individual treatment may also supplement this attachment-focused family therapy.

Clinicians unfamiliar with the unique challenges faced by lesbian adoptees should also take the time to build their competence with this population. Mental health practitioners have expressed increased needs for training related to coming out, family estrangement, support development, relationship issues, homophobia, parenting, and adoption (Murphy, Rawlings, & Howe, 2002). Each of these identified topics is homogeneous with different pieces of the lesbian adoptee experience; however, despite increases in the appreciation of within-group differences, it is unlikely continuing education courses will focus on the target population. Therefore, clinicians who aspire to provide effective interventions to lesbian adoptees must keep current with any available literature.

Lastly, just as it was important to examine researcher biases throughout this phenomenological research study, an important piece of building competence is self-awareness of homophobic and heteronormative beliefs. Research into the types of homophobic attitudes most prevalent in mental health practitioners found those who are more rigid in their religious identities report greater homophobic attitudes during the therapy process (Balkin, Schlosser, & Levitt, 2009). This is unsurprising, as the influence of religiosity on the self-disclosure process (Theme 2: Influence of Upbringing and Fundamental Beliefs) was discussed as a potential predictor of fear, shame, and internalized homophobia. Heteronormative assumptions refer to unconscious beliefs and expectations which reinforce heterosexuality and heterosexual

relationships as the norm (Ingraham, 2006). Many of the problems that LGB clients may present with can be exacerbated by living as a sexual minority in a heterosexist society (McGeorge & Carlson, 2011). Christi McGeorge and Thomas Stone Carlson (2011) from North Dakota State University proposed a three-step model to help therapists become more aware of the influence of their assumptions, privileges, and identities on their personal and professional lives. Based in a continuous self-reflective process, this model aims to encourage LGB therapists to take an increasingly affirmative stance with their clients and reduce the likelihood of negative transference/countertransference.

For Lesbian Adoptees

Affirmations aimed at the target population from which this study's participants were drawn have also been formulated. The following affirmations are founded in the qualitative data gathered, as well as the existent literature:

- Choosing to come out does not mean a person has to be out at all times or in all places. Each individual has the right to decide who, where, and when based on trust and sense of safety.
- Understand the reactions of others may be based in misinformation and, in some cases, negative portrayals of the LGBTQ+ community. It is also perfectly normal for individuals who identify as sexual minorities to grapple with some degree of internalized homophobia themselves.
- The experience of rejection fantasies is shared among a majority of the LGBTQ+ community. Negative reactions are common and may come in unanticipated forms.
- A solid support system is invaluable to the coming out process. Support may be found in family members, friends, mental health professionals, or others in the community with whom a solid attachment has been formed.
- Practice patience when self-disclosing. Coming out often results in a significant disruption within the family system and it may take an undetermined period of time before someone decides how they will react to what has been disclosed. Responses are not static and may change with time.

Conclusion

Overall, the present study provides one methodological model to gain insight into the coming out experiences of lesbian adoptees who self-disclosed their sexuality to their adoptive parents. The integration of major and minor themes with existing empirical knowledge suggested the influence of attachment was most significant on participants' experiences of rejection fantasies and the impact of self-disclosure on relationships to primary attachment figures. This is especially salient, as findings consistently alluded to fundamental differences in the attachment security between lesbian adoptees and their parents when compared to nonadopted individuals. Available literature suggests those identifying within either group disproportionately experience more psychological difficulties and are overrepresented in inpatient and outpatient psychiatric referrals when compared to nonmembers. This statistic alone accentuates the importance of continued research with this population. The results of this study not only added to the finite amount of literature examining within-group differences across populations in the LGBTQ+ community, but also provided specific recommendations for targeted interventions and affirmations for members of the lesbian adoptee community. Insecure attachments may be characteristic of this population, but it is this researcher's ultimate hope that the coming out process will no longer be defined by predominant feelings of fear and avoidance.

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Appendix A

Recruitment Script

Dear (insert name),

My name is Alissa M Irwin, M.A. and I am a third-year doctoral student at The Chicago School of Professional Psychology. I am writing to request your participation in a study which focuses on the self-disclosure (aka "coming out") experiences of lesbian adoptees. That is, I'm looking for cisgender women willing to discuss their coming out stories, specifically their narratives around disclosing their identities as both lesbians and as adoptees. Study participants will have been legally adopted between the time of birth and 12 months old, either domestically or internationally, and at least 18 years of age. Furthermore, individuals should have engaged in some form of "coming out" by disclosing their sexual orientation to others. It is preferable that potential participants have already self-disclosed to at least one of their adoptive parents.

Individuals can choose to participate via an in-person interview or electronically via a HIPAA-approved video calling service. Interviews will be audio recorded, and only I will have access to the recordings. The entire interview process will take 60 to 90 minutes and will later be transcribed and coded. The risks associated with participation may include emotional feelings of discomfort or a loss of confidentiality. If participants feel uncomfortable at any time in the process, they may choose to discontinue participation in the study.

Those interested may find more information and submit a request to participate at <https://irwinami.wixsite.com/dissertation>.

This research is being conducted in partial fulfillment of a degree requirement. It was approved by The Chicago School of Professional Psychology's IRB on 07/19/2017. If you have questions about the study, please contact the principle investigator, Alissa M Irwin, M.A. at ami9399@ego.thechicagoschool.edu, or the study supervisor, Dr. Braden Berkey at bberkey@thechicagoschool.edu or (312) 467-2351.

Thank you for your time and consideration.

Sincerely,

Alissa M Irwin, M.A.
Clinical Psychology Doctoral Student
The Chicago School of Professional Psychology
ami9399@ego.thechicagoschool.edu
(312) 775-2661

Appendix B

Referral Request for Professionals

Dear (insert professional's name),

My name is Alissa M Irwin, M.A. and I am a third-year doctoral student at The Chicago School of Professional Psychology. I currently working on my dissertation which focuses on the self-disclosure (aka "coming out") experiences of lesbian adoptees. I understand you might work with members of my target population and am currently seeking eligible participants. I am looking for cisgender women willing to discuss their coming out stories, specifically their narratives around disclosing their identities as both lesbians and as adoptees. Study participants must have been legally adopted between the time of birth and 12 months old, either domestically or internationally, and at least 18 years of age. Furthermore, individuals should have engaged in some form of "coming out" by disclosing their sexual orientation to others. It is preferable that potential participants have already self-disclosed to at least one of their adoptive parents.

Participants can choose to participate via an in-person interview or electronically via a HIPAA-approved video calling service. Interviews will be audio recorded, and only I will have access to the recordings. The entire interview process will be completed in 60 to 90 minutes and will later be transcribed and coded. The risks associated with participation may include emotional feelings of discomfort or a loss of confidentiality. If participants feel uncomfortable at any time in the process, they may choose to discontinue participation in the study.

If you feel you know anyone eligible to participate, please forward the attached recruitment document to them. You can find more information at <https://irwinami.wixsite.com/dissertation>.

Thank you for your time and consideration.

Sincerely,

Alissa M Irwin, M.A.
Clinical Psychology Doctoral Student
The Chicago School of Professional Psychology
ami9399@ego.thechicagoschool.edu
(312) 775-2661

Appendix C

Screening Questions

1. What is your age?
2. Were you born biologically female?
3. What is the gender with which you identify?
4. What is your sexual orientation?
5. Were you legally adopted?
6. At what age were you adopted?
7. Have you disclosed your sexual orientation to your adoptive parents? If not, who have you disclosed to?
8. Are you able to converse, read, and write fluently in the English language?
9. Are you willing to audio record your interview?

Appendix D

Oral Consent Script

Hello, my name is Alissa Irwin. I am a third-year student at The Chicago School of Professional Psychology. I am conducting a research study to examine your experience as a lesbian adoptee from birth up to your current experiences. Specifically, this study will examine several factors that contributed to your self-disclosure as a lesbian and as an adopted individual.

This study is being conducted as a part of my dissertation requirement for The Chicago School of Professional Psychology's Clinical Psy.D. Program. After I have told you more about the project, you can decide whether or not you wish to participate. Your participation is completely voluntary and you can decide to stop participating at any time during this project without penalty.

Let me explain what you will be asked to do. I will begin by asking you to answer some basic demographic questions (e.g., your age, how old you were when you were adopted, what country you were adopted from, etc.). Once you complete this task, we will begin the interview. The interview consists of several questions aimed at gathering information for the purpose of the study. These questions center on how your identity as an adoptee and as a lesbian have influenced your life and your decision to self-disclose these identities to others. Your statement of oral consent and responses to the interview questions will be tape recorded. Participation in this should take 60 to 90 minutes. You will be compensated for any travel and parking fees incurred for interviews. This compensation is not to exceed \$30.

You may be at risk for emotional feelings of discomfort or a breach of confidentiality as a result of participation in this study. Confidentiality risks will be minimized by storing documents in locked, password-protected files. Your identifiable information will never be stored with coded information. In the event you experience any discomfort or emotional distress, the interview can be stopped at any time. I can also provide you with mental health resources. While you might not directly benefit, your participation may aid the lesbian adoptee community as well as clinicians who work with this demographic of women. Your participation is voluntary and there will be no penalty as a result of your decision to participate or to withdraw from the study.

During this study, information will be collected about you for the intention of my dissertation. This information includes personal identifiers (such as name, phone number, and email), basic demographics, personal history, and disclosure experiences. I will start the interview by assigning you a coded name. If you use identifying names in the interview, they will be removed from the transcription to protect their anonymity and confidentiality. Only I will have access to recordings of the interview. Following transcription of the audio recording, the recording will be deleted. As aforementioned, identifiable data will never be kept with coded data. Each document containing your identifying information will be uploaded into a locked, password-protected file of my locked, password-protected computer, and any hard copies will be kept in a locked filing cabinet of a locked room in my residence. Your demographic information will be stored with your randomly assigned participant number, so demographic information will

not be identifiable. Research materials will be kept for a minimum of five years after publication per American Psychological Association guidelines.

Your research records may be reviewed by federal agencies whose responsibility is to protect human subjects participating in research, including the Office of Human Research Protections (OHRP) and by representatives from The Chicago School of Professional Psychology Institutional Review Board, a committee that oversees research.

If you have any questions about the study, please feel free to ask them now. If you have questions later, you may contact me at ami9399@ego.thechicagoschool.edu or (312) 775-2661. You may also contact my study supervisor, Dr. Braden Berkey, at bberkey@thechicagoschool.edu or (312) 467-2351.

If you have any questions about your rights as a participant in this research, you can contact The Chicago School of Professional Psychology Institutional Review Board at:

325 N. Wells
Chicago, IL 60654
(312) 467-2343
irb@thechicagoschool.edu

Are you interested in participating?

Appendix E

Demographic Information Questionnaire

Subject Identification Number:

How old are you?

How old were you when you were adopted?

What country were you adopted from?

At what age did you find out you were adopted? How?

Please state your race/ethnicity.

Please state your religion/spirituality, if applicable.

Please state your occupation.

Please state your highest level of education completed.

Please state the highest level of education completed by your parent(s).

Please state the state in which you grew up.

Please state the type of setting in which you grew up (urban/suburban/rural).

Please state your yearly income.

Appendix F

Script for Primary Interview Questions

1. Please discuss how adoption has influenced your life, including your relationships, identity, and decision to self-disclose.
2. Please discuss how your identity as a lesbian has influenced your life, including your relationships, identity, and decision to self-disclose.
3. Please take a moment to consider both instances of disclosure and try to compare and contrast your experiences.
 - What influenced your decision to come out?
 - Did (insert first disclosure experience) impact the way in which you disclosed (insert second disclosure experience)?
 - Was/is there an identity you feel more comfortable with, or one which holds a stronger significance for you?

Potential Follow-Up Questions:

- Were there some people you felt more comfortable disclosing to than others? What made them different?
- Please tell me about the experience of coming out to your parents.
- Did you find you had to self-disclose either identity more than once to the same people?
- What were the anticipated consequences of your self-disclosures? Was the experience what you expected?
- Is there anything I have not asked about regarding your experience(s) that you believe is important for me to know?

Appendix G

Debriefing Document

Thank you for taking time to participate in this study. I hope you enjoyed the experience. As you know, your participation is voluntary. If you so wish, you may withdraw after reading this debriefing form, at which point all records of your participation will be destroyed. You will not be penalized if you withdraw.

If your participation in my study has caused you to feel uncomfortable in any way, or if it has prompted you to consider personal matters about which you are concerned, I encourage you to seek mental health services. A full list of Chicago area therapists is available at <https://therapists.psychologytoday.com/rms/state/IL/Chicago.html>.

I expect to do follow-up experiments that will continue into future semesters. Because of this, it is important that you do not talk about this project. The main reason for this is sharing information with potential participants could influence others' expectations. This has the potential to bias my data. I hope you will support my research by keeping your knowledge of this study confidential.

If you would like to see the findings of this research, I hope to post the completed paper on my website (<https://irwinami.wixsite.com/dissertation>). If you have any further questions, feel free to contact me at any time.

Additionally, please know you can contact The Chicago School of Professional Psychology's Institutional Review Board if you have any questions regarding human subjects' research. They can be reached at (312) 467-2343 or irb@thechicagoschool.edu.

Thank you for your participation,

Alissa M Irwin, M.A.
(312) 775-2661
ami9399@ego.thechicagoschool.edu