

# In Lesbian, Gay and Bisexual Individuals: Attachment, Self-compassion and Internalized Homophobia: A Theoretical Study

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## Abstract

Homophobia is seen as a factor which affects the mental health of not only heterosexual individuals but also of homosexual and bisexual individuals. In this study, attachment, self-compassion and internalized homophobia in lesbian, gay and bisexual (LGB) individuals are evaluated. Furthermore, it is aimed to explain in detail the historical process of the place of the concept of homosexuality in mental health literature and the concepts related to internalized homophobia. Within this context, studies regarding attachment, self-compassion and internalized homophobia in LGB individuals are addressed and suggestions are made regarding their relationship with mental health. **(Journal of Cognitive Behavioral Psychotherapy and Research 2016; 135-144)**

**Keywords:** Internalized homophobia, attachment, self-compassion, LGB

## Özet

### Lezbiyen, Gay ve Biseksüel Bireylerde Bağlanma, Öz Anlayış ve İçsel Homofobi: Kuramsal Bir İnceleme

Homofobi sadece heteroseksüel bireylerin değil, aynı zamanda, eşcinsel ve biseksüel bireyler için de ruh sağlığını etkileyen bir etken olarak görülmektedir. Bu çalışmada lezbiyen, gay ve biseksüel (LGB) bireylerde bağlanma, öz anlayış ve içsel homofobi konuları değerlendirilmiştir. Ayrıca, eşcinsellik kavramının ruh sağlığı literatüründe yer alan tarihi süreci ve içsel homofobi kavramlarının detaylı bir şekilde açıklanması amaçlanmıştır. Bu çerçevede LGB bireylerde bağlanma, öz anlayış ve içsel homofobi ile ilgili çalışmalar ele alınmış ve ruh sağlığı ile ilişkileri bağlamında önerilerde bulunulmuştur. **(Bilişsel Davranışçı Psikoterapi ve Araştırmalar Dergisi 2016; 135-144)**

**Anahtar kelimeler:** İçselleştirilmiş homofobi, bağlanma, öz anlayış, LGB

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## INTRODUCTION

### Homosexuality in Mental Health Literature - A Historical Evaluation

In a way that reflects society's anti-gay beliefs, all forms of same sex sexual orientation have been considered to be pathological by the field of mental health (Bringaze & White, 2001; Bobbe, 2002). In the mental illness classification made by the American Psychiatric Association (APA) in 1935, homosexuality was placed under the definition of "pathological sexual psychopathic personality", then it was defined in the sexual perversity section, a subgroup of the "sociopathic personality disorder" category in the first version of the Diagnostic and Statistical Manual (DSM-I) of Mental Illness in 1952, alongside with transvestism, fetishism, sadism and pedophilia. In 1968, DMS-II was published and this time homosexuality was classified along with exhibitionism, fetishism and pedophilia. In the studies conducted in late 1960s, results were obtained which indicated the fact that gay, lesbian and bisexual sexual orientations do not cause pathological conditions (Bobbe, 2002).

With piling scientific evidence and with influence of social movements to stop sexual orientation discrimination in mid 1970s, homosexuality was no longer classified as an illness category after a convocation from inside APA to end discrimination and legal limitations against homosexual individuals in 1973 (Yetkin, 2009). In 1973, American Psychiatric Association (APA) has removed homosexuality from the DSM-II classification and instead, "Sexual disorientation" diagnosis was introduced (Mendelson, 2003). Homosexuality was designated as "Ego Dystonic Homosexuality" category in DSM III published in 1980 (Eysenck & Wakefield, 1983). In DSM IV-TR (2001), homosexuality was not defined as a disorder; and the diagnosis of "Complaints of Sexual Identity" was replaced with "Sexual Identity Disorder" (DSM-V 2013). Under the title of "Sexual Identity Disorder", the condition that is most commonly referred to as transsexuality is defined. In DSM-V published in 2013, the last version of Diagnostic and Statistical Manual of Mental Disorders, there are no diagnoses regarding homosexuality. It is classified as a separate diagnosis in ICD-9 (International Statistical Classification of Diseases and Related Health Problems) which is an international illness classification system of World Health Organization (WHO), that was published in 1978 (Mendelson, 2003). In ICD-10, which was published in 1992, homosexuality was no longer classified as an illness (Mendelson, 2003).

### Internalized Homophobia

While personal processes were being emphasized during the years when homosexuality was first conceptualized, nowadays the concept of homosexuality is seen as an intergroup process formed in a political field, which must be associated with organizations and social traditions and includes biased ideas and discriminatory attitudes (Szymanski & Chung, 2002; Göregenli, 2004). The orientation of sexual and emotional closeness, interest and attraction of humans to other humans of the same sex, namely homosexuality, is a condition seen in almost every period in the history of humanity, in every region and culture. To every different perspective of homosexuality, different attitudes were displayed ranging from exaltation and acceptance to ignoring, suppression and punishment. The notion that heterosexuality is accepted as the only right, legitimate, healthy and acceptable sexual orientation and that homosexuality and bisexuality are in an inferior position than heterosexuality is referred to as heterosexism. This opinion accedes that everyone is heterosexual. But homosexuality and bisexuality are also natural perspectives of human sexuality, just like heterosexuality. A natural result of the heterosexist mentality is homophobia (Başar, Nil, & Kaptan, 2010). On the other hand, as Weinberg (1972) defines in his definition of homophobia, homophobia is not limited to the attitude and behavior of heterosexuals to homosexuals; homosexual individuals too may display homophobic attitudes and behaviors. Since homophobia is a reflection of the ideology imposed by the heterosexist and patriarchal social structure, sometimes it is inevitable that gay individuals, living under this dominant ideology, conflict with themselves, fear for being excluded or punished or have problems with their strategies to deal with this fear, anxiety and guilt (Öztürk & Kindap, 2011). This process of LGBT individuals internalizing their negative judgments, attitudes and assumptions regarding homosexuality, is defined as internalized homophobia (Malyon, 1982; Shidlo, 1994). Internalized homophobia may show itself in such ways as isolation, fear of self-discovery, self-deception and acting as if not being homosexual/bisexual, self-hatred and shame, disapproving homosexuality in moral and religious aspects, displaying negative behaviors against other homosexuals and being against the idea of a gay couple raising a child (Malyon, 1982; Shidlo, 1994; Öztürk & Kindap 2011).

Interest for internalized homophobia was born from the studies conducted about homophobia in 1970s. Weinberg first defined the term "homophobia"

in 1972 as “the gratuitous fear and intolerance that heterosexual individuals feel about homosexuals” (p. 83). Internalized homophobia represents the way how individuals internalize the negative attitudes and beliefs against homosexuality. Weinberg (1972) has reached the verdict that homophobia reveals itself in many different ways; from violence against LGBT individuals to being sarcastic or bantering about LGBT individuals. Internalized homophobia is commonly defined by LGBTQ (Lesbian, Gay, Bisexual, Transgender or Questioning) individuals, who live in a stigmatized society that exalts heterosexist values and criticizes LGBTQ experience, as internalized negative beliefs and assumptions (Sherry, 2007). The internalizing of these negative thoughts may occur consciously or unconsciously for LGBTQ individuals. A literature survey states that internalized homophobia is an important concept for non-heterosexual individuals for 4 main reasons: (a) Internalized homophobia has a significant effect on mental health, (b) Internalized homophobia is a result of growing up in a culture that criticizes homosexuality, (c) It is important to reduce the level of internalized homophobia with therapy in order to improve psychological health, and (d) Internalized homophobia is an important fiction in explaining the private psychological difficulties of non-heterosexual individuals (Shidlo, 1994).

The development process of internalized homophobia is complex and it is believed to start at the early stages of the individual’s life. Characteristically, internalized homophobia is pursued and promoted in Western cultures where most of the children are raised in heterosexual homes and are taught heterosexual values (Meyer & Dean, 1998). Traditional families are full of heterosexism, the belief that heterosexual individuals are superior to LGBTQ individuals and therefore they should get more rights than LGBTQ individuals is rather dominant (Szymanski & Carr, 2008). Most children are subjected to anti-gay and monosexist thoughts from small ages by their parents, other family members and members of the society. In particular, pro-heterosexuality messages work hard in the first degree family, at school and on the media for children to understand the social norms at an early age. Heterosexism is a theoretical ideology that makes difficulties for sexual minority groups. Also the legal system supports the stigmatization of homosexuality. LGBTQ individuals are denied of their rights to marry each other and adopt children. Also, many cultures run on the assumption that everybody is heterosexual, this leads to LGBTQ individuals to have an invisible status. When non-heterosexual individu-

als become visible, they are stigmatized as abnormal, unnatural and entitled for discrimination. These social oppressions reach a peak point and LGBTQ individuals may feel the pressure to own their societies’ traditional ideologies, which may lead them to burden negative values to their own sexualities (Shidlo, 1994). The development of internalized homophobia is consistent with the “victimization-related features” theory (Allport, 1954). Allport claims that the prejudice, experienced by stigmatized individuals, activates their defensive reaction. These defensive reactions may surface as an anxiety that is obsessed with stigmatization in the stigmatized individual. Consequently, the reaction may be internalized and may result in self-hatred and/or identification with the aggressor. As a result, LGBTQ individuals have a hard time adapting to their minority status. Generally, LGBTQ individuals suppress their own identities by creating cognitive dissonance between their true selves and their non-authentic heterosexual selves in order to be accepted by others. LGBTQ individuals who live with these social prejudices are sensitive to their rising internalized homophobia. At the same time, it has been proven that internalized homophobia is related to gender roles, heterosexist ideology, sense of conflict with their own sexual orientation, limitations in sharing their sexual orientation with their environment, difficulties in communicating with lesbian/gay groups and that the perceived support from the society and lesbian/gay groups is limited (Herek, Cogan, Gillis, & Glunt, 1997; Szymanski, Chung, & Balsam, 2001).

In light of this information, it is thought that it is important to investigate understanding and detecting internalized homophobia because (1) it is a developmental phenomenon experienced by lesbians, gays and bisexuals as a result of living in a homophobic/heterosexist society (2) the fact that it is related to depression, low self-esteem, difficulties in establishing and maintaining close relationships and to psycho-social problems such as suicidal tendencies (3) the fact that it is an exploratory item in understanding and helping homosexual individuals who wish to get counseling service due to psychological problems and lastly (4) the information obtained from the studies conducted about internalized homophobia present an opportunity for an intervention to prevent homosexuality-associated psychological stress (Shidlo, 1994).

### **Self-compassion**

Self-compassion is defined as an individual being open and sensitive to his own pain; being kind and compassionate to himself; displaying non-judgmental

attitude against someone's incompetence and failures and being aware of the fact that an individual's own experience is part of the common experiences of people (Neff, 2003a). According to Neff (2003b), in many ways, self-compassion can be seen as a helpful regulation strategy containing the handling of pain and troubling emotions in a compassionate, understanding way and with a common sense of humanity and by being aware, instead of avoiding them. In this way, negative emotions are transferred to a more positive emotional status and this enables the comprehension of the current situation more clearly and the adopting of actions and environment that change the individual in appropriate and effective ways (Folkman & Moskowitz, 2000; Isen, 2000). Self-compassion must also be present in more dissuasive situations, in addition to individuals being tolerant to themselves in hurtful times or times of failure. Being self-compassionate firstly means to avoid and prevent hurtful situations when possible. Therefore, self-compassion must prioritize increasing preventive behavior that enables the individual to be in good condition (Neff, 2003a). The content of the concept of self-compassion is the concept of compassion. Compassion contains the awareness of the pain of others, being sensitive to their suffering, not being non-sensitive or indifferent towards such suffering and pain, being compassionate to others, the will of mitigation for others' suffering and being tolerant to others who fail or make mistakes without judgment (Deniz, Kesici, & Sümer, 2008). Neff (2003a) has defined and examined the structure of the concept of self-compassion. According to her, there are 3 main components to self-compassion: (a) Self-kindness, (b) Common Humanity, (c) Mindfulness.

#### **a) Self-Kindness (Self-Compassion):**

Kindness is the exact opposite of self-judgment; it involves self-understanding without judgment. Together with self-compassion, it is the ability to not over criticize oneself in times of failure, to guide oneself in the direction of progress and change, by establishing distinctive ideal standards without succumbing to defeat and guilt, to encourage oneself with healthy behavior in a way that is patient and kind. An individual with self-compassion receives difficulties in a warm and understanding manner instead of being rude and criticizing (Germer, 2009). Individuals, who show compassion to themselves, do not judge themselves harshly and do not go through self-imaging (Deniz, Kesici, & Sümer, 2008).

An individual's self-imaging process consists of two linked processes. In the first process, the in-

dividual despises himself in a level of hostility and self-imaging effects the individual in the level of self-disgust. The second process is the incompetence of the individual in sincerity, soothing, relaxation, self-love, and feeling of managing oneself. In an individual with high self-compassion, these negative features are not seen.

#### **b) Common Humanity (Common Sharing):**

Common humanity means "being aware of the fact that the experienced upsetting situation is not only happening to himself but also other individuals experience such situations; being content with one's own life and being fulfilled with one's own life". It is, when faced with failure, instead of criticizing oneself in a harsh and hurtful manner and instead of comparing oneself to others, being aware of the fact that this situation is a part of humanity's common experience and reacting accordingly (Neff, 2003a; Neff, 2003b).

Individuals with a mentality of common humanity, instead of discriminating their own problems and instead of isolating themselves from others, they consider the problems they are facing and experiencing as a natural result of life and know that these negative situations they experience are not just against them and that other people may also experience same or similar problems and perceive these situations as a means of getting experienced and arrange their lives accordingly (Neff, Kirkpatrick, & Rude, 2007).

Common humanity is existent when an individual arranges these negative emotions in a positive way and in favor of oneself, instead of avoiding them. This arrangement process takes place in compassion, understanding and common human values. Common humanity takes its inspiration from culture, universal values, justice, equality, independency and tolerance. Individuals with common humanity protect cultural values and respect other cultural values. They believe in basic values such as justice, equality and freedom and arrange their human relationships accordingly. They are tolerant, understanding and kind towards themselves and others. Because this common humanity is in the core of all cultural and universal values (Deniz, Kesici, & Sümer, 2008). Another concept related to the common humanity mentality is empathy. Empathic response is based on putting oneself in the shoes of others and helping oneself in supporting them to soothe to ensure personal development. Empathy is putting oneself in the place of another person that is suffering and being aware of other people's sorrows. This common sense emphasizes our relationship with

all other humans and our commitment to each other (Kirkpatrick, 2005).

According to Goleman (2004), the root of empathy is self-consciousness. According to him, the more we are open to our emotions; the better we manage to read emotions. People, who have no idea of what they are feeling, cannot understand what other people are feeling.

### c) Mindfulness:

Mindfulness is “even when a person experiences many hurtful emotions in life, they do not stay under their influence, are aware of their own prejudices and accept them”. Mindfulness is when an individual chooses to think openly about negative thoughts when they occur, without trying to change or suppress them and at the same time without avoiding them and without judging themselves. Thoughtfulness, as it is now, no matter what happens in all personal life; good, bad, healthy or unhealthy, is to choose to be good instead of judging oneself. The most important prejudice when individuals are judging themselves is that they exaggerate the positive features they see in themselves. This may lead to feelings of internal conflicts, unhappiness and isolation in individuals who perceive themselves superior or privileged to others (Kirkpatrick, 2005). Lack of thought shows itself in two ways. Being intolerant or denying, judging or completely being trapped in irritating emotions and thoughts (Neff, 2003b). When faced with hurtful and painful problems, individuals with mindfulness become aware of the problems, and instead of focusing on them intensely and give an excessive meaning to them; they eliminate negative judgment, ease self-criticism, raise self-understanding and increase self-compassion. When facing a problem, the individual must run the thoughtfulness mechanism according to intention, attention and behavior/attitude elements. To run the mechanism based on these elements, it is necessary to arrange the thoughtfulness mechanism and the current moment and problems according to a non-judgmental intention and to the moment, paying attention to a targeted and specific method. In the end, positive thoughts develop in the individual and the effect of negative thought eases and so he tries to gain experience from negative situations (Deniz, Kesici, & Sümer, 2008).

### Attachment, Internalized Homophobia and Self-compassion

Up to now, adult attachment styles have generally been studied on heterosexual individuals. In these in-

dividuals, attachment style has consistently determined the quality and the stability of the relationship and explained the variance in these variables more than personality measurements (Shaver & Hazan, 1993). However, the relationships of heterosexuals and homosexuals are significantly different. These two types of relationships differentiate especially in gender roles and social approval (Cabaj, 1988). The best model to describe this difference is the minority stress model. Minority Stress Model (Meyer, 2003) foresees that specific stress factor related to the individual's social status, can contribute to psychopathy and aids in explaining why mental disorders are more common in socially marginalized groups. Homosexuals may experience the minority stress due to various sources such as exclusion from private and social establishments (marriages, families) and prejudices (Jones & Gallois, 1989). In a study they have conducted, Kurdek and Schmitt (1987) have found that married heterosexual couples are more supported by their families than homosexual couples.

Researchers mostly could not find much support regarding the thought that lesbian, gay or bisexual individuals' attachment schemas function differently than that of heterosexual individuals. In a study conducted by Ridge and Feeney (1998) about gay males and lesbians, they have found the relative frequencies of the attachments styles of homosexuals and heterosexuals to be close. Generally, the results of the current study have shown that insecure attachment is not seen that often in gay and lesbian relationships, and that insecurity is linked to low relationship satisfaction levels to problems regarding the explanation of sexual orientation. However, among these similarities, it has been seen that lesbian, gay and bisexual individuals care more about friendship, romantic and social relationships as opposed to heterosexual individuals (Dorfman et al, 1995; Grossman, D'Augelli, & Hershberger, 2000).

According to Erikson (1993), in order to build special relationships in adulthood, gaining an identity is an essential precondition. Generally, 3 processes are mentioned with regards to the development of homosexual identity: self-diagnosis, self-acceptance and opening to others (Elizur & Mintzer, 2001). Self-acceptance may result in shame due to the recurring experience of non-approving reactions imposed by judgmental parents, friends mostly-heterosexual societies and this may cause basic difficulties in self-development and in establishing future relationships (Kaufman & Raphael, 1996). Malyon (1981, 1982) has reported that the shame observed in young ho-

homosexual males is related to internalized homophobia which is defined as internalizing the negative and pointless ideas of societies, which are a majority, about homosexuality. There are studies which show that unsatisfactory relationships in homosexual males are related to internalized homophobia (Romance, 1987) and insecure attachment (Elizur & Mintzer, 2003). Allen and Oleson (1999) have found a positive link between shame and internalized homophobia in their studies. Lewis (1987) has suggested that secure attachment is linked to low levels of shame. Wells and Hansen (2003) have emphasized that unsupportive parents who cannot provide secure attachment to their children, will be less protective of their children against situations that may cause shame. Mohr and Fassinger (2003) have stated that the difficulty in accepting sexuality is linked to avoidant and disconcerting attachment styles. Secure attachment is related to identity gain and self-acceptance (Elizur & Mintzer, 2001).

Kaufman and Raphael (1996) have suggested that there is a link between shame and difficulties in identity gain. Starting from this suggestion, in a study conducted with homosexual males, Brown and Trevethan (2010) have investigated the link between shame, internalized homophobia, identity gain, and attachment style with relationship status. The results of the investigation have shown the link between avoidant and disconcerting attachment styles and internalized homophobia determined shame.

In a study conducted on lesbian, gay and bisexual individuals, Sherry (2007) has found that the most common insecure attachment styles are fearful and obsessive attachments along with internalized homophobia, shame and guilt. The current study has shown that secure attachment is negatively linked to internalized homophobia, shame and guilt. It has also explained a significant portion of the variance between avoidant and disconcerting attachment styles and discrimination perceived in homosexual males and the level of depression.

In their study where they have investigated the social and psychological image of internalized stigmatization in adults who are members of sexual minorities, Herek, Gillis and Cogan (2009) have found significantly low internalized homophobia scores in individuals who have opened up to either their mothers or fathers as opposed to those who haven't opened up. Again in the current study, they have found that self-stigmatization shows a strong positive correlation with self-respect and that this may surface as decreasing positive mood and increasing anxiety and

depression symptoms. In a study conducted by Frost and Meyer (2009), they have reached to the conclusion that depression acted as a mediator between internalized homophobia and relationship satisfaction. According to this, internalized homophobia first increases depressive symptoms significantly and causes relationship problems.

When the importance of social network for lesbians, gays and bisexuals is considered, differences in attachment styles between lesbian, gay, bisexual and heterosexual individuals can be understood. In a relevant study, it was found that while older heterosexual males may find more support from their families, older homosexual males and lesbians find more support from their friends (Dorfman et al., 1995). Different researchers have also underlined that friends are a more accessible source of support than partners (Grossman et al., 2000). Besides, social support may be a protective factor against internalized homophobia. While internalized homophobia values heterosexist beliefs, it is also a result of negative thoughts and assumptions internalized by lesbian, gay and bisexual individuals as a result of living in a stigmatizing culture that trivializes homosexual experience and orientation. Internalized homophobia has become an important concept in research and clinical practice in understanding homosexual experience because it is thought that all homosexual individuals experience internalized homophobia in some level and that this may lead to psychological tension in homosexual individuals (Szymanski, Chung, & Balsam, 2001). When viewed together, the link between attachment and internalized homophobia is important. If attachment schemes are insecure, this may keep the individuals from seeking supportive homosexual society. Without a supportive homosexual society, the risk of internalized homophobia increases, because otherwise there is no society acting as a mirror for the individual to see themselves in the positive light of lesbianism, homosexuality and bisexuality. Instead, the individual is intensely exposed to the ideal heterosexual ego images of others and this causes many negative consequences. These negative consequences deepen insecure attachment and reinforce the ongoing dynamic mechanism (Jones & Gallois, 1989).

Regarding self-compassion, the results of the first studies conducted to investigate the link between attachment styles and self-compassion have shown that the criticism from the mother to the child and the messages other family members convey, are effective on the child's attachment schemes and self-compassion (Neff, 2003a).

The conducted research has shown that there is a strong bond between adult attachment and psychological and physical health. However, this bond's underlying mechanisms are vaguely known. In a study conducted by Raque-Bogdan et al. (2011), it was found that the two structures in positive psychology literature, self-compassion and mattery are possible mediators. In the study conducted with individuals who are college students, it was found that there is a link between attachment, self-compassion, mattery and functional health. Also it was found that self-compassion and mattery have a mediator effect on attachment orientation (level of avoidance and anxiety) and psychological health.

Individuals, who grow up in an environment with supportive caretakers, develop the ability to behave compassionately to themselves. In support of this claim, Neff and McGehee (2010) have found that secure attachment determines the level of self-compassion between adults. Also self-compassion has a mediator effect between basic support, which is perceived as a partial determinant of wellbeing, family relationships and secure attachments. On the other hand, Neff and McGehee (2010) have put forth that orientation of secure attachment supports identity value and the development of values that are related to shaping self-compassion.

According to Gilbert and Irons (2005), self-compassion helps to decrease feelings of anxiety and isolation when experiencing a personal incompetency, by activating self-soothing and attachment systems.

By using the Attachment Theory (Bowlby, 1988), Greene and Britton (2015) have investigated the link between the warmth and security perceived in childhood, self-compassion, personal control and subjective happiness in adult LGBTQ individuals. In the current study, it was tested whether continuous variables play a mediator role for LGBTQ adults in predicting subjective happiness and if self-compassion and personal control play a mediator role on the link between childhood affirmation and adulthood happiness. The results have confirmed that self-compassion play a preferential role as a mediator and also that control has a significant contribution in predicting happiness.

In a study conducted on a group of high school students by Başbuğ (2014), it was aimed to investigate the determination of what it could be that occupies the mind in adolescence and the link between these subjects and the individuals' attachment styles and possessed self-compassion levels and psycholo-

gical symptoms. Research results show that all basic variables (adolescence subjects, attachment styles, self-compassion, psychological symptoms) are related to each other. The regression analysis, that was conducted to determine the variables that predict the psychological symptoms in individuals in adolescence has shown that; negative self-perception, negative perception of the father, positive self-perception, positive perception of the mother, self-judgment, isolation, awareness of sharing, health and financial issues are variables that predict psychological health. The results of the model test analysis have shown that the subscales of Self-compassion Scale (Deniz, Kesici, & Sümer, 2008) play a mediator role in the link between attachment styles and matters that occupy the mind in adolescence. Also, the fact that the matters that occupy the mind in adolescence play a mediator role between the relationship between insecure attachment styles and psychological symptoms is an important result of the study.

When the conducted researches are generally evaluated, it can be said that self-compassion is related to attachment styles. Bowlby (1988) states that individuals cure themselves and others just like their parents or caretakers cured them in their childhoods. The studies also lend support to this hypothesis. It is seen that along with general individuals, even if in a limited number, there are also studies conducted on LGBTQ individuals where the links between self-compassion and attachment styles are investigated.

## DISCUSSION AND SUGGESTIONS

Accepting oneself also includes the acceptance of oneself's sexual orientation as it is and avoiding self-alienation. Self-alienation by an individual may bring along many psychological problems. Also during the early experiences, when the foundations for all these emotional developments are laid, it seems that being understood, securely attached and growing up in a secure environment may affect the individual's self-understanding. Homosexual individuals may have a difficult time accepting their sexual orientation and opening up in societies where the acceptance of homosexual individuals is difficult and where they are subjected to marginalization and discrimination. It seems that these processes effect secure attachment, which has a dynamic quality, self-compassion and the level of internalized homophobia, hence the psychopathology in homosexual individuals. On the other hand, while it is necessary to restructure cultural, corporate and legal regulations that accept heterosexism as the absolute right; it seems that it is appropriate

to establish a therapy modality, which takes its basic mental health studies from attachment theories, aimed to enhance self-compassion and lower internalized homophobia. It may even be thought that therapy studies structured in consideration of sexual orientation differences (lesbian, gay, bisexual woman and bisexual man), would be appropriate.

The approaches that are defined as the third wave in the cognitive behavioral therapy are the approaches, where the matters related to insight, mindfulness and acceptance are dominant and efficient. The third wave focuses on the internal processes, which are thought to be neglected in all direct and indirect interactions among the dysfunctional beliefs and behaviors in the previous waves. The person is expected to display internal lives and behaviors through his/her own mindfulness as they cannot be observed directly by a third person externally. The main theme during therapy process is to form a mindfulness related to the internal experiences. Additionally the third wave underlines the acceptance process (Vatan, 2016). Acceptance and Commitment Therapy is one of the third wave approaches. Acceptance and Commitment Therapy aims at forming a psychological flexibility or improving the existing limited flexibility level at the client (Hayes, 2004; Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Twohig, 2012). It is foreseen that the individual's unconditional self-acceptance and self-respect to increase following getting to know himself. Internalized homophobia can be considered as individual's failure to unconditionally accept himself/herself and others, from a different aspect. A study revealed that Acceptance and Commitment Therapy is an effective approach in reducing internalized homophobia, depression, anxiety and stress level at homosexual individuals (Yadavaia & Hayes, 2012). The acceptance process is also a process, which Ellis lately accepts as an important element of rational emotive behavior therapy (REBT). Per Ellis, the ADT therapists should aim at assisting clients to accept themselves, others and their lives unconditionally (Dryden & David, 2008). As a result, individual's self-acceptance is a concept that covers accepting personality characteristics, sexual inclination and others' sexual inclination. With this dimension, it can be assumed that it is related to internalized homophobia, however further studies in this field are required. Moreover, it can be considered among the approaches, where Acceptance and Commitment Therapy can be used, during the therapy process while working with homosexual individuals.

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