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Jessica Goheen
Parental Rejection upon
Coming Out as a Risk Factor
for Substance Abuse for Gay/
Bisexual Adolescents

ABSTRACT

Very few studies have examined how parental rejection impacts substance use or abuse behaviors among lesbian, gay, and bisexual adolescents. The purpose of this study was to explore lesbian, gay, and bisexual men and women's experiences with substance use or abuse after experiencing parental rejection upon coming out in adolescence. This qualitative study looked at the unique experiences of coming out during adolescence through in-person interviews with twelve lesbian, gay, and bisexual men and women. Narratives from these interviews were obtained through a structured self-created interview guide, consisting of open-ended questions.

Findings varied among each participant, but shared themes also emerged in regards to parental reactions and the increased level of substances used after coming out. Due to a lack of literature in this area, the findings of this study may contribute to a larger body of research examining this phenomenon. Each participant included in this study experienced parental rejection, and some form of substance use or abuse after coming out. While each person found it difficult to cope with parental rejection, those who had an identified support system reported higher levels of resiliency and development of coping skills.

**Parental Rejection upon Coming-out as a Risk Factor for Substance Abuse for
Gay/Bisexual Adolescents**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2013

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CHAPTER I

Introduction

The purpose of this research study is to answer the following question: “What are lesbian, gay, and bisexual adolescents’ experiences with substance use and abuse after experiencing parental rejection upon coming out?” For this study, *lesbian, gay, and bisexual adolescents* are defined as persons who self-identified as lesbian, gay, or bisexual during adolescence. *Substance abuse* is meant to describe overusing or misusing an addictive substance, especially alcohol and/or other drugs. *Parental rejection* is defined as including but not being limited to the following behaviors: blaming the youth for anti-gay discrimination they have experienced, verbal, emotional, and/or physical abuse in relation to their sexual orientation, kicking them out of the house, being upset by their sexual orientation, asking them to not reveal their sexual orientation to others, etc. And lastly, *coming out* shall be defined as disclosing one’s lesbian, gay or bisexual identity to one’s parent(s) and/or caregiver(s).

One reason for conducting this research is the reported higher rates of substance use and abuse among lesbian, gay, bisexual, and transgender adolescents compared to their heterosexual counterparts (Cochran & Cauce, 2006; Orenstein, 2001; Nardi, 2010). The lesbian, gay, and bisexual population is already a vulnerable community within the context of a society that values heterosexuality. These studies provide valuable information about LGB adolescents’ increased risk of using and abusing substances, and problems associated with substance use and abuse.

While the previously mentioned studies have shown the increased rates of use among this population, none of them have explored possible reasons for this data. The

only literature to date linking parental rejection to increased mental health disparities was a study conducted by Ryan, Huebner, Diaz, & Sanchez (2009). This study however, did not focus specifically on substance use or abuse, but instead a broad range of poor health outcomes, including risky sexual behaviors and suicidality. Other studies not included in the literature were outdated, having conducted the research over thirty years ago. Given some of the changes in our society, like the overturning of the Defense of Marriage Act, this information is no longer relevant. Reflecting on the presented studies, there is a substantial lack of literature addressing the specific impact of parental rejection or how parental rejection connects to increased rates of substance use and abuse. The reasons for lack of literature are unclear.

Narrative data was obtained from in person interviews with twelve self-identifying, English speaking lesbian, gay, or bisexual individuals between the ages of 18-35 who experienced rejection from a parent and/or caregiver upon coming out in adolescence. Participants for this study were recruited using purposive and convenience sampling. The sample was recruited by posting flyers in local colleges including: Smith College, University of Massachusetts Amherst, Elms College, Westfield State University, Amherst College, and Hampshire College. Participants contacted me via email, at which point I further described my study and screened them for eligibility. A self-developed interview guide was used to collect data for this study.

In addition to providing a basis for further research, the findings of this study may benefit the social work field in several ways. First, the results may give social work practitioners some understanding about the implications of parental rejection for LGB youth and may serve as a useful tool in providing psychoeducation for families and

parents of LGB youth. The findings from this study may also help to convey to clinicians the importance of possessing a support system as an LGB adolescent, and how they can help to become part of that critical support system.

CHAPTER II

Literature Review

Introduction

The review of the literature presented in this section explores the theoretical perspectives relevant to this research, the coming out process, LGB adolescent substance use and abuse, parental responses, and resiliency. These sections will provide rationale for the exploration of parental and/or caregiver rejection and LGB adolescents' experience of substance abuse. The review of theoretical literature will explore stages of psychosocial development of adolescents during the time they came out along with the developmental "coming out" process for LGB persons and how that relates to additional challenges in adolescence.

Adolescent Development

In exploring theoretical literature to support my research, I chose to use theorist Erik Erikson's stages of psychosocial development to provide a snapshot of typical adolescent development (Erikson, 1980 & Erikson, 1982). This model was proposed and developed for heterosexual adolescents and the development of heterosexual identity (Lesser & Pope, 2007). Given the privilege afforded to heterosexual persons in this society, I believe using this theory allows an additional appreciation for the unique set of challenges faced by LGB adolescents. Because there are not, to my knowledge, separate theories of psychosocial stages created for LGB persons, we are forced to apply existing theories where they may not necessarily be appropriate. LGB adolescents are often contrasted against their heterosexual counterparts and pathology may be assumed because of the inability to adapt to models that were not designed to capture and honor the

uniqueness of their circumstances. People are assumed to be heterosexual, and if they are not, they are not part of the norm. If all adolescents' experiences must adhere to the following theoretical perspective, LGB adolescents are set up to fail, perpetuating reinforcement from society that they are "wrong" and therefore "bad."

Developmental theorist, Erik Erikson's perspective builds on Sigmund Freud's psychosexual stages and analytic theory. While Freud focused on the "id" as the main drive influencing most behavior, Erikson focused on the "ego" as the force for development. He proposed that opposite forces were responsible for the conflict of each particular stage of development, leading to the resolution of the conflict by negotiating the opposing pulls (Maier, 1987).

Typical adolescent psychosocial development according to Erikson (1980, 1982) is characterized by the exploration of identity. In adolescence, the biggest challenge faced is forming an identity versus being confused about one's identity. While Erikson states that identity confusion is "normative and necessary," if an adolescent does not master this stage in his or her development during this time period, their adulthood can be fraught with struggles as a result of the unresolved conflicts. During this stage of adolescence, the goal is for a person to develop "fidelity," with the opposite of this being "role repudiation." Role repudiation is described a drive that aims to separate a person's positive values and roles from those that are deemed unworthy by society. If an adolescent fails to negotiate role repudiation, they might experience "diffidence," slowness in the progression of identity development or "defiance," a development for a preference of the deemed unworthy aspects of their identity. Erikson names this stage in a person's lifetime development crucial.

While adolescents need a firm attachment to their parents while they are exploring their identity and to what groups they belong, Erikson warns that an adolescent's identity is a result of "wholehearted and consistent recognition of accomplishment" from themselves; adolescents need to have a developed self-esteem to form a positive identity (Erikson, 1980). Along with that, successful identity development asks society to allow teens to have "time, space, and social freedom...without denying control and guidance over them," (Maier, 1987, pp.118). An adolescent will forcefully resist society's attempt to stanch self-expression and exploration, (Erikson, 1980). Conversely, society expects to be recognized by each individual, which can be shown by an individual's desire to be accepted and develop a positive identity. When an individual, perhaps displaying defiance, does not care or desire to be deemed acceptable by society, society is rejected, and it may be more difficult for the environment to accommodate the needed space, time and freedom (Erikson, 1982).

In order to highlight the importance of this stage, Erikson (1980, 1982) believed that mastering this stage of development and forming an identity was absolutely necessary if one was to have a healthy and successful transition through the subsequent stage of intimacy versus isolation. The purpose, according to Erikson, of the subsequent stage after adolescence is to successfully form loving relationships; we have to know who we are before we can love someone else. Identity has to develop before real intimacy is possible. Because moving through each stage must happen sequentially and fully, one could conclude that without successful resolution of each stage's challenge, one would have persistent struggles through their entire life reaching back to the particular unresolved stage/conflict.

As the typical heterosexual adolescent moves through this stage of development, he or she can inevitably experience challenges that could disrupt his or her progression through other stages and therefore not achieve ultimate fulfillment from life. An LGB adolescent then, attempting to move through this stage will struggle in multiple arenas. Erikson (1980, 1982) mentions the importance of closeness to parents while adolescents are exploring and bridging the divide between identity within a family and identity beyond family. Some LGB adolescents run the risk being ostracized by parents for disclosing their LGB identity, especially if it appears to be developing beyond exploration. Also, without society's acceptance, approval, and/or overall positive regard towards LGB people, they are afforded less time, space, and social freedom than others at their same age to figure out who they are. There is a lack of positive role models for LGB adolescents and even less positive representation of LGB people in the media and society.

Theoretical Developmental Process of Coming Out

Heterosexual adolescents are presented with many challenges having to do with their psychological development and their changing physiology. To be an LGB adolescent, adds another challenging developmental process: the coming out process and identity development. What follows is a presentation of four different theoretical perspectives to provide a framework of the different internal processes, including two bisexual identity development processes, separate from lesbian and gay identity development.

The first theoretical perspective is called The Sexual Identity Formation Model developed by Vivienne Cass in 1979 (Hunter, 2007). This model is centered on the internal development of a lesbian or gay person in terms of coming out. There are six

stages of the model. The first stage is called *identity confusion*. A person begins to question if they are different and ask themselves: Who am I? The second stage, *identity comparison*, involves a comparison between that person and others around them and realizes they are different. Lesbian and gay persons then begin, in stage three, *identity tolerance*, to tolerate their identity knowing they are probably lesbian or gay. Once they accept their identity, in the fourth stage, *identity acceptance*, they begin to identify as lesbian or gay. Cass describes the fifth stage as *identity pride*, where a lesbian or gay person devalues heterosexuality and everything that comes with it and instead values everything that comes with being gay or lesbian. And finally, the sixth stage, *identity synthesis*, is when gay and lesbian persons learn to integrate their lesbian or gay identity into the rest of their identity, along with experiencing a decreased anger towards heterosexual persons (Hunter, 2007; Lesser & Pope, 2007).

The next model is called the Homosexual Identity Development Model. Developed by Richard Troiden in 1988 (Hunter, 2007; Lesser & Pope, 2007). First, lesbian and gay persons in middle childhood go through *sensitization* or feeling different. During puberty, they realize they are attracted to the same sex, and begin to use the label *homosexual*. In this second phase, adolescents experience confusion and turmoil because of society's stigmatization of lesbian and gay persons. The third phase is called *identity assumption*, which is characterized by youth acting on their same-sex attractions, acknowledging internally their attractions, or even beginning to come out to others. The fourth and final phase is "reached by those who adopt homosexuality as a way of life" (Lesser & Pope, 2007, pp. 92). Troiden acknowledges that signals of true *identity*

integration in this stage are adopting sexuality and emotional commitment, publicly coming out, and having a high self-esteem (Lesser & Pope, 2007).

The third and fourth models describe a process different from the lesbian and gay coming out processes and identity formation and focus on coming out as bisexual. The coming out as bisexual process is one filled with more ambiguity and confusion than that of the lesbian and gay coming out process (Hunter, 2007). The first model was developed in 1994 by M.S. Weinberg, C.J. Williams, and D.W. Pryor (Hunter, 2007). The first stage is described as *initial confusion*, when the person realizes they are attracted to both sexes. The second stage involves finding and applying the label bisexual. During this stage, bisexual persons may reach out for support or find organizations for bisexual people. Complete self-labeling happens in the third stage, when bisexual persons settle into the bisexual identity, while accepting themselves. The fourth stage, *continued uncertainty* is ongoing and is said to be intermittent. It is characterized by lack of social support and validation and also a lack of bisexual role models and community (Lesser & Pope, 2007).

The fourth and final model, developed by M. Bradford in 2004 was based upon a study of 20 people: Ten men and 10 women who self-identified as bisexual. Bradford names four stages: questioning reality, inventing reality, maintaining identity, and transforming adversity. While the first two stages of this model suggest an altered reality for bisexual persons, Bradford based each stage on struggling to find meaning of bisexual identity and experiencing doubt (Lesser & Pope, 2007).

Including four models of the coming out process and identity development was important in acknowledging the complexity of coming out as LGB in our society, and also to capture the uniqueness of coming out for each individual LGB person. While

some of the models recognize coming out as a step in the process of identity development, some theorists contest that it is not integral to each person's process (Hunter, 2007; Lesser & Pope, 2007; Savin-Williams, 2001). It is important to note that in order to achieve self-acceptance in many of these models, external validation is necessary (Lesser & Pope, 2007). With that, others' responses influence identity formation.

The Coming out Process

The coming out process is a unique, long, and ever evolving process for LGB people. Coming out is further complicated when LGB youth choose to disclose during adolescence because they depend on parents and/or caregivers for both financial reasons and emotional/developmental reasons. Some studies have explored the challenges of coming out to parents for LGB youth. Savin-Williams (2001) proposed that parents of LGB children move through stages likened to Kübler-Ross's grieving model. Most parents react with grief and mourning their dreams for their once presumed heterosexual child. In line with the grieving model, some parents experience shock, denial and isolation, anger, bargaining, and eventually tolerance or acceptance. To liken the discovery of a child's non-heterosexual orientation to the discovery of a terminal illness or death has major implications for the LGB adolescent. Factors influencing this kind of reaction include the age of the disclosing adolescent, age of the parent, family culture, parenting style, religion, ethnicity, and even the directness in which the parent was told or found out (Hunter, 2007).

According to the Harvey Milk School in NYC and the Hetrick-Martin Institute, the second most reported problem among the LGB adolescents was relationships with

parents and families. Youth often fear rejection and anger from their parents and/or caregivers and experience shame and guilt (Hunter, 2007 & Savin-Williams, 2001). LGB adolescents fear rejection because they want to be close to their parents. Conversely, parents want to maintain a close relationship with their child, making the process of disclosing an emotional one. Because of the sometimes realized fear of rejection, most youth come out to their supportive friends before coming out to parents and/or caregivers. In an online study consisting of 2,000 LGB youth and young adults between the ages of 10-25, 76% were most likely to first disclose to their best friend. In another study, it was found that 10% of youth told their mothers first (Savin-Williams, 2001).

There are differences between the gender of the child and the gender of the parent when an adolescent decides to come out (Hunter, 2007 & Savin-Williams, 2001). As mentioned above, when LGB adolescents come out to their parents, most adolescents tell their mother first. For daughters disclosing to mothers, mothers generally reacted more positively than fathers. However, the average response was neither positive nor negative (Hunter, 2007). Only 4% of mothers rejected their daughters, including physical attacks, while 10% made emotional, volatile, and threatening responses. Some mothers gave conditional support when their daughter disclosed, as long as they agreed to tell no one else. When sons disclosed to their mothers, mothers' reactions were slightly more negative than fathers' responses. Four percent of the mothers exhibited hysterical and/or with aggressive reactions. It is noted that in those cases, most mothers did not already suspect the sexual orientation of their son. About half of mothers had a slightly negative reaction that included denial, discouragement, or hurtful remarks. When it comes to adolescents disclosing their sexual orientation to their fathers, it usually isn't done

directly. With both daughters and sons, since mothers are often told first, the mother informs the father. Therefore, a lot of father reactions to their child's sexuality may not be apparent to the adolescent. In the disclosures that were done directly, only 10% of fathers accepted their sons sexual preference and 10% of the relationships between father and son ceased to function upon disclosure (Hunter, 2007).

While youth fear rejection, anger, or worse from parents, the consequences of not coming out or disclosing are significant and real as well. Some lie to preserve their true identity, which adds to their already high anxiety about coming out. In a study of gay college men, 93% of the men interviewed reported that the coming out to parents was "somewhat" to "extremely troubling" and they ranked it as their biggest worry, in front of contraction of AIDS (Savin-Williams, 2001). There is a significant lack of empirical literature that relates to what adolescents experience while trying to decide to disclose their LGB identity and/or orientation (Savin-Williams, 2001).

LGB Adolescent Substance Use & Abuse

Substance use and abuse has been studied to determine the differences between LGB adolescents and their heterosexual counterparts. LGB persons have more severe problems associated with substance abuse than heterosexual persons (Cochran & Cauce, 2006; Nardi, 2010; Orenstein, 2001) A majority of the existing literature, however only explores the differences in types of drugs used, basic demographics, and sexual orientations instead of underlying factors contributing to higher substance use (Cochran & Cauce, 2006; Eisenberg & Wechsler, 2003; Jordan, 2000; Russell, Driscoll, & Truong, 2002; Robin, Brener, Donahue, Hack, Hale, & Goodenow, 2002). The findings of some studies contradict the hypothesis that substance use is higher among LGB adolescents

than heterosexual adolescents. The limitations and strengths of studies will be discussed throughout.

Some of the following studies analyzed substance abuse among bisexual men and women separate from gay and lesbian men and women (Eisenberg & Wechsler, 2003; Robin et al., 2002; Russell, Driscoll, & Truong, 2002). One of the studies was a national study of both heterosexual and LGB college students. The results showed that bisexual women in college were one and one half to three times more likely to binge drink and use marijuana. However, results for lesbian and gay college students did not coincide with previous literature suggesting higher rates of substance use or abuse for LGB persons in comparison to heterosexuals (Eisenberg & Wechsler, 2003). In another study, Garofalo, Wolf, Kessel, Palfrey, & DuRant (1998) collected data from Vermont and Massachusetts Youth Risk Behavior surveys in 1995 and 1997. Their results again showed differences in the rates of bisexual adolescents compared with lesbian and gay adolescents. In Vermont, 47.2% of bisexual adolescents used cocaine compared to 14.3% of their heterosexual peers. Bisexual adolescents in Vermont also had higher rates of binge drinking and other drugs. Lesbian and gay adolescents were more likely to use cocaine in Vermont than heterosexual adolescents. In Massachusetts, lesbian and gay adolescents had the same rate of binge drinking and marijuana use as heterosexuals, but bisexual adolescents reported higher marijuana use and more bisexuals had used cocaine. In a further analysis by (Russell, Driscoll, & Truong), results from the 1993 Youth Risk Behavior survey in Massachusetts showed higher usage of alcohol, marijuana, cocaine and other drugs than heterosexuals. In their study, they sampled all United States high schools and some middle schools. Approximately 20,000 adolescents from grade 7-12 responded to the

survey. The results of the surveys showed that bisexual males had “higher rates of substance use and problems associated with substance use” (Russell, Driscoll, & Truong, 2002, pp. 199). Males were also more likely to have gotten drunk by themselves and more likely to use illegal drugs, which also includes marijuana. Rates of marijuana usage were noted as well as increased problems from drinking for lesbian and gay adolescents. All of these studies analyzed data collected from 1993-1999 by self-reporting adolescents, which questions the ability to apply the results to adolescents today. In Eisenberg & Wechsler (2003)’s study, the majority of the participants were white, questioning its generalizability to LGB adolescents of color.

Jordan (2000) suggests that homophobia, marginalization and stigmatization could be potential reasons for higher substance use rates among LGB adolescents compared to their heterosexual peers. Jordan added that socialization for LGB persons often happens in gay bars, possibly yielding higher substance use rates. Kecojevic, Wong, Schragger, Silva, Bloom, Iverson, & Lankenau (2012) found that childhood abuse and unmonitored access to prescription drugs were responsible for differences in initiation as opposed to sexual orientation. The authors noted, however, that LGBT persons had higher rates of abusive experiences, resulting in earlier initiation into prescription drug misuse. There is a lack of research beyond these studies that empirically explores influences for substance use and abuse for LGB persons. To date, only one study showed an association between parental rejection upon coming out and higher substance use and abuse (Ryan, Huebner, Diaz, & Sanchez, 2007).

Parental Response

In their 2009 study, Ryan, Huebner, Diaz, & Sanchez showed an association between LGB adolescents who experienced rejection and increased mental health disparities. The study included a sample of 224 LGB people ages 21-25. Participants were asked to retrospectively report their experiences, resulting in potential for recall bias. Participants were recruited by convenience and did not include anyone who was not white or Latino. Further exploratory research is necessary to help us understand what LGB adolescents' experiences of substance use are upon rejection from parents and/or caregivers.

Resiliency

It has been established that there are unique stressors that LGB adolescents face that heterosexual adolescents do not. Harvey (2012) wrote that some of those stressors include heteronormativity, decreased age at which youth are identifying as LGB, and polarization and fragmentation in terms of political and social issues pertaining to LGB persons. LGB youth are forced to struggle in a society that values heterosexuality, in turn pathologizing them. LGB adolescents need parents, caregivers, and caring adults to help guide them and teach them skills that prepare them to cope with a stigmatizing society. Harvey found hidden resilience in three different facets of LGB and transgender experience: flamboyance, gender rigidity, and passing. Within the literature, Harvey gives illustrative examples of how each factor is used in each youth's life. Harvey describes *flamboyance* in a young male teen as "effeminate behavior and dress...he aggressively pursues young men at his school. He blows them air kisses and loudly asks them out on dates" (pp. 329). A male to female transgender youth is said to be displaying

gender rigidity by “[adhering] to rigid ideas about femininity” (pp. 330). And finally, Harvey’s definition of *passing* is illustrated by a lesbian woman when seen with another female partner, is mistaken for a young man because of her appearance (Harvey, 2012). While these resiliencies are not utilized or applicable to all LGB adolescents, they are worth noting. For the three adolescents mentioned in the article, flamboyance, gender rigidity, and passing all were used to help buffer the effects of a heterosexist society to preserve their identity and survive. In my study, I will explore resiliencies among persons I interview.

Summary

In order to understand the context of my research study, it is important to look at the developmental process of heterosexual adolescents and how those differ for LGB adolescents. LGB adolescents face unique circumstances for which heterosexual adolescents do not apply. While I do not intend to suggest that heterosexual adolescents have an easier developmental process, I intend to bring to awareness the complexity of an LGB adolescent’s experience as an adolescent and the additional stressors placed upon them. It appears that there are additional challenges that bisexual adolescents experience both in terms of identity development and coming out, but also in substance use and abuse. I would like to explore parental and/or caregiver rejection as a possibility for increased substance abuse, contribute to the existing literature, and provide an opportunity for LGB persons to bring richness to this topic. The literature reviewed has informed the basis of my research hypothesis and study: What are lesbian, gay, and bisexual adolescents’ experiences of substance use and abuse after experiencing rejection upon coming out in adolescence?

CHAPTER III

Methodology

The purpose of my research study is to collect data that addresses the question: What are LGB adolescents' experiences with substance abuse after parental rejection upon coming out? The existing literature focuses on the differences between the rate of substance abuse among heterosexuals and LGB persons, but there has not yet been enough research to start exploring what accounts for these differences. To create and support parental education and understand LGB clients with substance abuse related issues, and highlight the vulnerability LGB people experience while coming out, it is important to assess the different factors influencing their utilization of substances. My study opens up the scope of research to further explore reasons for the higher rates of substance abuse among LGB persons and youth.

Research Design

After an extensive literature review, the research available in relation to LGB youth substance abuse and coming out was minimal, at best. Due to the lack of literature, my study warranted a qualitative, exploratory design because it was a newly studied phenomenon (Engel & Schutt, 2013). The use of open-ended questions allowed me to get a more in-depth account of the experiences of the people I interviewed, while allowing the participant to share only what they felt comfortable sharing. While the interviews were semi-structured with use of an interview guide (Appendix A), I noticed as time went on throughout the interview, more meaningful themes emerged with each participant. I was able to ask follow up questions that related to the emerging themes. The interview

guide served as a reference of basic topics to be covered during the interview, but the structure of my exploratory study enabled me to follow the participant's responses, which more accurately reflected their own experience. The HSR proposal for this research study was submitted and approved by the Smith College Human Subjects Review Board before data any data was collected (Appendix B).

Sample

The minimum number of participants required for my study was 12, and they were required to be English-speaking, self-identified gay and/or bisexual men or women between the ages of 18 and 25, had to have come out during adolescence, and had to have experienced rejection from a parent and/or caregiver. "Rejection" was defined broadly for the purposes of my study, which was described to participants as the following:

"Rejection includes but is not limited to the following behaviors: blaming you for anti-gay discrimination you have experienced, verbal, emotional, and/or physical abuse in relation to your sexual orientation, kicking you out of the house, being upset by your sexual orientation, asking you not to reveal your sexual orientation, etc." I decided to exclude transgender individuals because of the unique and complex nature of the different issues faced by transgender persons, especially transgender youth. I wanted to make a distinction between sexual identity and gender identity. I put a cap on the age range to minimize the recall bias for my study. Also excluded from my study were people who currently considered themselves dependent and/or addicted to drugs and/or alcohol.

Participants were recruited using purposive and convenience sampling (Engel & Schutt, 2013). Because LGB persons are a subset of the population, purposive sampling was appropriate. Using flyers (Appendix C), recruitment for my study was done from the

local colleges: University of Massachusetts Amherst, Smith College, Westfield State University, Elms College, Hampshire College and Amherst College. I placed additional flyers in organizations well known to the LGB community.

Ethics and Safeguards

Confidentiality

I ensured each participant's confidentiality by storing all recordings, transcriptions, analyses and consent documents in a secure location. My research advisor and I were the only people to have access to this information; however, the information my research advisor received did not include original names, but pseudonyms. All illustrative quotes or vignettes for publications and presentations were thoroughly disguised. Any information used in those publications and presentations will be disguised thoroughly enough to guarantee that it would be impossible to identify research participants. In alliance with federal regulations, all of the research materials used for this study will be kept for three years. If they are needed beyond this period of time, they will be kept in a secure location and will be destroyed when they are no longer needed. All electronically stored data is password protected. Confidentiality has been assured throughout the entire research study.

Risk and Benefits

Participation in my research study involved the potential risk of emotional discomfort from recalling painful experiences. It has been determined, however that the benefits outweigh the risks. The benefits of participating in my research study included having the opportunity to talk about the experience of rejection from a parent and/or caregiver, gaining insight from this experience, and having an opportunity to share if/how

the participant coped with that experience. There is a tremendous opportunity for participants to reveal the experiences of parental and/or caregiver rejection on gay and/or bisexual adolescents, and help give parents and caregivers the opportunity to understand how their rejection impacts their child. In addition, this research contributes to the basis of literature that can help influence programs and education for parents and caregivers or gay and bisexual children, and the way in which social workers and other mental health professionals understand the complexity of LGB adolescent substance use and abuse. Financial compensation was not provided for participation.

If participants experienced emotional discomfort as a result of the interview, they were given a list of local mental health resources. Each participant was given an informed consent document, which explained the risks and benefits and informed them that they have the right to not answer any single question. If the participant decided to not take part in the study, or drop out, they did not lose the benefit of accessing mental health resources.

Data Collection

After a potential participant would respond to my flyer, I would set up a brief phone or email interview in which I screened them to make sure they met the criteria to participate and went over the informed consent document (Appendix D). Each email and telephone screening lasted approximately 5 minutes. We then set up a time and a private location for the interview to take place or determined interviews would be best conducted via Skype. If in-person interviews were conducted, I asked the participant to read and sign the informed consent before the interview started. If the interview was taking place via Skype, the informed consent documents were mailed to the participant and then

mailed back to me before the interview took place. Interviews were conducted once as part of the study and were audiotaped. All the responses given by participants were transcribed after the initial audiotaping. Participants were asked basic demographic questions in the beginning of the interview with regards to their race, ethnicity, sexual orientation, and gender. I then asked participants open-ended questions found on my interview guide about their experience of being rejected by a parent and/or caregiver and their experience with substance abuse prior to and subsequent to coming out. I also asked about coping strategies they accessed and implemented during this time and to self-evaluate their resiliency. Examples of some of the interview questions were: “What was coming out to your parent(s) and/or caregiver(s) like? What types of rejecting behaviors did you experience from your parent(s) and/or caregiver(s)? What was your experience with drugs and/or alcohol before you came out to your parent(s) and/or caregiver(s)? How often and what drugs and/or alcohol were you using? How did you access these drugs and/or alcohol? What if anything, helped you cope with parental and/or caregiver rejection?” I conducted two separate pilot interviews using the interview guide.

CHAPTER IV

Findings

Introduction

This chapter is a presentation of the narrative responses from the interviews conducted with twelve lesbian, gay, and bisexual people in Western Massachusetts who experienced parental rejection upon coming out in adolescence. Parental rejection was broadly defined for participants for the purposes of this research study, and adolescence was also defined broadly, including persons between the ages of thirteen and twenty-five.

Interview questions used in this research study were intended to gather information about the respondents' experiences of coming out to their parents and/or caregivers, and their experience or lack of experience of substance use and abuse before and after coming out. The final section addresses the participants' use of resources at the time of coming out, such as support systems and/or coping skills, and their resiliency development after experiencing rejection. Lastly, the subjects were asked if they would like to add any additional information that they thought might be important in contributing to this research. Interviews lasted anywhere between twenty minutes to one hour.

Demographics

The sample for this study included twelve participants: ten self-identifying females, and two self-identifying males. Each participant resided in the state of Massachusetts. The age range of interviewees ranged from 19 to 31. Ten participants self-identified as Caucasian or White, with three identifying ethnicities of Jewish, Italian,

and Irish/English. One participant self-identified as Latina, and one as Amerasian. Respondents used five different, self-described sexual orientations to identify themselves and included gay (n= 2), queer (n=2), bisexual (n=1), pansexual (n=1), and the remainder lesbian (n=6). The ages of participants at the time of coming out to their parents ranged from 16 to 22. Nine subjects lived with their parents when they came out, two were living at their college or university, and one was living in an apartment.

Coming Out Process

This section contains interviewees' responses to their experiences of coming out to their parents and the types of rejection they endured. The first question asked participants to describe their relationship with their parents before they came out in order to determine the quality of relationships to provide a contrast to the rejecting behaviors.

In response to that question, many participants (n=5) answered that they either had a "really good relationship" with one or more of their parents or that they were "really close." One participant stated "There wasn't anything my parents and I didn't talk about. We always had that really, really close knit relationships where I would tell them everything." Other responses included: "tense," "not good," and "not that close." One other interviewee answered by saying "I wouldn't describe my family as close. We never really talked about things growing up, but they always would be there if I needed something." Most answers were lengthy and detailed describing the quality of relationships with parents, speaking to the complex family dynamics that exist within most family structures. For example, one participant shared that "I come from a military family, so they're just very, keep everything to themselves regardless." Another example is the participant who stated "[Our relationship is] good, but sometimes tense. As in

they're very supportive of me, very caring, but we have a lot of ideological conflicts. I come from a very religious family and I am no longer very religious.”

The next question asked interviewees to describe what coming out to their parents was like for them. All of the responses to this question were very in depth and gave a good picture of what that experience was or felt like. Since every participant included in this study had to have experienced parental rejection, responses included a part describing some of the rejection they experienced, and/or their feelings in relation to their parents' negative or rejecting reaction. One response was

I approached my mom and said, ‘Hey, Mom, like you know, Dad is making these comments [about my gay friends]. Like it’s not feeling right with me.’ But she kept kind of covering for him, and said ‘You know, your dad is like...you know how we’ve always been raised.’ And I said ‘Well, you wouldn’t be saying those things if anything would happen to me.’ And she said “Oh, what do you mean?...were you with a woman?’ And I said ‘Yes.’ She’s like ‘Well did you like it?’ And I said ‘Yes.’ And she like lost her shit. Hysterically crying, I think at one point I tried to sort of...go and hold her and...she pushed me away, like ran to my Dad and was calling my Dad’s name. She was like ‘Can you believe this? Can you believe what happened?’ I think I tried like running out and said ‘I’m going to my friend’s house,’ just to have some time to think it over. My dad wouldn’t let me go. He came outside and like carried me back inside the house.

Several participants (n=4) said that they were outed, and were not able to come out on their own terms in their own time. Those participants expressed strong feelings about not having the choice. One research participant used the word “terrible” to describe her coming out process stating: “I actually didn’t come out. I got pulled out of the closet. My Mom, I guess, had a sixth sense.” Three participants experienced delayed reactions from their parents because they (the parents) their children were going through a phase, or that it was a part of one participant’s mental illness. That person said “At first, they seemed okay with it, but then within like a month or two that followed, I felt like they

viewed it as a symptom of my mental illness, more than like actually me being queer.”

Another interviewee said,

It was very scary. One of my friends dragged me out of the closet...At first, it was very easy. They were accepting. I think partially because they thought it would be a phase, and I was 17 years old. And then, that fall, I went away to college. And going away to college, I started dating someone and I mean, I knew it wasn't a phase. I'd come home from some sort of break from school and I was dating a girl...I introduced her to everyone in my family, as my friend, and everybody loved her...And then she left, and I remember sitting down with my mom, and I said 'You know, that person was my girlfriend.' And she got so upset and I remember her saying something to the effect of 'I can't believe you brought that into my house.' She had this thought in her head of what my life would have been...And when it came down to it, and I told her I was gay, she thought she had to get to know me all over again. She had no idea who I was anymore; I was a complete stranger in her eyes. We haven't fought so much, ever.

Religion was a reason stated for some interviewees' (n=3) understanding their parents' rejection. One person who had described her relationship with her parents as “tense” said that when she came out, “It was a really tough time...I come from a very religious family and I am no longer very religious, so that has caused a lot of tension.”

Another interviewee said that his mother stated, “Gay relationships are against our religion.”

Motivation for coming out was asked of participants, and the responses were varied. As previously stated, three people said they were forced to come out, three reported their parents were suspicious, two began to date a person of the same sex, three felt like they could not or did not want to hide any longer, and one stated that they were just “irked and frustrated.” One respondent answered the question by saying that she “didn't approach my mom to come out to her, but she had a lot of suspicions about my girlfriend at the time and I introduced her as a friend, but then when she asked me what was going on between the two of us, I denied everything. And so that conversation I

denied it at first, but then obviously, I told my mom I was gay.” One person who was forced out told me that “I was actually going through a difficult relationship and the person I was with at the time decided to call [my dad] and say things to [him] on the phone.”

Participants reported several types of rejecting behaviors in response to the question “What types of rejecting behaviors did you experience?” All twelve respondents talked about verbal rejection and comments from their parents. The most direct quotes that participants provided me with were comments from their parents stating “You’re disgusting” and “I think I’m going to puke.” Only one interviewee reported that her mother threw a pillow at her and told her that she “knew nothing about the world.” Two participants described their parents’ reactions as “breaking into hysterics,” with one detailing their mother’s response as: “The best way to describe it, is it looked like she was at my funeral. She was just crying, we were yelling. She would say bullying things. ‘You know, it’s just not normal... You know, why don’t you just try and figure out, like try dating a guy... What would your [family members] think of you?’” The verbal rejection from the mother of another participant came in the form of comments about “telling me that some of my friends couldn’t come to my sister’s wedding because they ‘looked like lesbians.’” Two interviewees recalled that their parents believed the people they were hanging out with “made them gay.” And one participant’s parents asked her not to “flaunt being gay, like holding hands with my girlfriend in front of people.”

When responding to whether or not they are still experiencing rejection, almost half of the subjects (n=5) said yes. Two participants said no, and five said they

experienced at least one year of rejection after coming out, with the longest amount of time being four years of experiencing rejection.

Subjects were then asked to describe their relationship with their parents in the present moment. Almost half (n=5) reported that their relationship is “better,” five said their relationship is “getting better,” one described it as “complicated,” and only one participant described their relationship as “worse” than before they had come out.

Substance Use & Abuse

Contained in this section are the research subjects’ responses to questions about their use of substances before and after coming out. The first question asked participants to describe their experience with drugs and/or alcohol before coming out to their parents.

The majority of participants (n=11) had some kind of experience with drugs and/or alcohol, leaving only one participant who abstained from any type of substances before coming out. The next question asked respondents to go into further detail about their substance use, and were asked how often they were using and what substances they used. Four participants reported that they smoked marijuana before coming out, and specifically mentioned that they began smoking in high school. Overall, participants reported five different substances with which they had experience. Eleven participants, including the three that also reported smoking marijuana, talked about their experience with alcohol prior to coming out. One person identified a significant relationship with alcohol saying “I drank...I would have to say that I abused alcohol in a way.” Finally, two participants reported experiences with drugs in addition to alcohol. One participant said, “I would say I experimented a lot. And I drank a lot. I also used muscle relaxers, cocaine, and a lot of pills.”

There were three different responses collected in relation to the frequency of use including: occasionally (n=4), 5-7 times per week (n=2), and weekends (n=5).

Participants were asked to report the frequency of each specific substance they were using. I also asked folks to talk about the amount of alcohol they would typically consume during a time that they drank. One response was,

I would drink at least five times a week. If I drank beer, I could drink at least like a 12-pack. And if I was drinking liquor, I would say probably at least six or seven drinks a night. If I would do coke, I would do it probably four times a week, and muscle relaxers about four times a week, maybe more. After partying, I would take one to help me come down to go to bed.

Another participant that reported less frequent use said “On the weekends, like six beers. I smoked weed, but like only a handful of times and not consistently.”

As a follow up to this question, I asked interviewees how they accessed any of the substances they used. The responses were varied, particularly for each type of substance, including friends for alcohol (n=7), friends for substances other than alcohol (n=3), neighbors (n=1), older acquaintances (n=2), own prescription (n=1), a family member’s prescription (n=1), parents (n=2), and lastly the bar scene (n=1). One response included “Friends [who were] probably accessing [prescription drugs] illegally. I did have a prescription of painkillers. And as for alcohol, I had my best friend who was 21, so she would buy.”

The next question asked participants to identify what they believed influenced their use or lack of use of substances. Two participants did not answer this question. Five interviewees reported they used substances to either mask their feelings or escape discomfort: “Looking back now, I think I was definitely masking feelings.” Another participant said “I think I used them just pretty much to escape reality. Just trying to, you

know, feel alive. You could really just let go and relax when you're messed up at a bar with other people who are the same." Two interviewees identified wanting to fit in as an influence for their substance use. One of these folks said "Probably a combination of just no sense of identity and wanting to fit in with different social groups. Not knowing who I was and just, you know, in my high school, there was a lot of peer pressure to like party. And I gave in." The other stated "Friends, environment, social life, trying to meet new people and fit in. I wasn't as comfortable with who I was as a gay woman."

The next set of questions addressed interviewees' experiences with substances after coming out to their parents and how often they were using. All participants (n=12) reported experience with use of substances after coming out to their parents. In relation to alcohol, after coming out, eight people increased their frequency and/or the amount they consumed, three reported their use remained the same, and only one reported a decrease in frequency and/or amount they consumed. A participant who increased her use reported,

After I came out, I think there have been some issues with alcohol. So alcohol has been somewhat of a problem at times. I wouldn't say that I'm dependent on it, but there have definitely been moments where I've been unhappy, and I've taken things to far or feel like I've relied on it.

Another stated. "I do remember my first sort of blackout, fucked up mess. My best friend, like had to shower me that night. I missed my first day of class at undergrad. I went out a lot [and would drink] three shots back to back, then have a beer, then go play beer pong later in somebody's room." The participant that reported her decreased use said "I don't do liquor actually anymore. And I don't really smoke weed anymore at all."

In relation to other drugs, four participants began smoking marijuana, and three participants tried other drugs including cocaine (n=3). Other drugs reported were

Adderall and other prescription painkillers (n=2), and one of those people also reported use of ecstasy/molly, 85-1, mushrooms, acid and ketamine. This participant said “My junior year [of high school] I started taking ecstasy and acid. My freshman year of college, I did ecstasy/molly, Adderall, tried 85-1, blew K, tried mushrooms once, blew a Percocet, and I didn’t know [that] my first times with ecstasy were actually coke.”

The majority of participants reported that they were using on the weekends (n=5), with two participants reporting using once or twice a week, two occasionally, and two using both alcohol and other drugs daily. In order to access these substances, nine people utilized their friends, until five of those nine people turned twenty-one. One interviewee still accessed alcohol through her parents.

Responses to the question that asked folks to identify what they believed influenced their use, or lack of use (of substances), were varied. The responses for those whose increased use included being conflicted about identity (n=1), feeling like they deserved the substance after working hard in school (n=1), to deal with pressures from school (n=1), parental rejection (n=1), pleasure (n=1), and trying to fit in (n=1). Additionally, three people reported that they used in order to pursue someone of the same sex. A female participated stated “It made me free in a way, like I couldn’t wait to meet people, I couldn’t wait to meet someone I could potentially have a relationship and see how that goes. It was more exciting than anything else.” Another female said “I wanted to escape. I wanted to just feel happy. I think once I was like single or like looking for a hook up with another girl, I was really drinking.” The participant who reported a decrease in use attributed this to becoming

...I’m more comfortable with who I am, and also like learning how to take care of my mental illness. I actually noticed that when I smoked weed, it did not help my

mood stability. It would just influence being...it was increasing the amount of mood swings I had being bipolar. And so, cutting out other substances really helped. And because I take medication, I need to be careful with how much I drink.

Use of Resources

The questions in this section asked about any resources participants possessed at the time of coming out and experiencing parental rejection. The first question asked folks to identify any support systems at the time they came out and experienced rejection.

“Friends” was the response used most often in answering this question (n=5). One research subject shared that she had “a really unbelievable support system of friends.” In addition to friends, respondents reported other family members (n=3), partners at the time of coming out (n=2), a therapist (n=1), and a coach (n=1) all became supports for them during their time experiencing parental rejection. Two participants reported that they felt that they did not have any supports at the time of coming out.

The last three questions of the interview asked folks to talk about 1) anything that helped them cope with parental rejection, 2) whether or not they have developed resiliency since coming out and 3) if their resiliency and/or coping skills effected their relationship with drugs and/or alcohol or their relationship with their parents. In response to coping mechanisms, respondents listed multiple coping mechanisms. Half of the respondents (n=6) identified friends as a coping mechanism, along with therapy (n=3), meeting others in the LGB community (n=3), and partners (n=3). One participant stated, “I feel like having a support system is sometimes the most valuable. Being at college and feeling like everybody is gay and it’s a small piece of the world where everybody is like me and I don’t feel like an outcast.” Two folks stated that alcohol and drugs were utilized as a way to cope with the parental rejection. One of these people said “At that time, it was

a lot of drinking and drugs. Now, I mean when I had stopped, I had switched and looked into how to help others avoid what happened with me.”

Next, responses to the question about whether or not they have developed resiliency, included two categories: yes (n=11) and no (n=1). Those who developed resiliency described their experience as “[feeling] a lot better about it. Since I came out, I feel more sure of myself, I feel like I’m a stronger person for sure.” Another: “Yes, absolutely!” The person who responded “no” gave some details about this response “No. I think it’s made me stronger and harder at the same time, as in I didn’t have the best coming out, so it kind of make me kind of resent a lot of things. And I think it’s also like changed the way...like my approach, like it makes me come from things at a more angry way.”

Lastly, there were four different answers when it came to impact of coping skills or resiliency on parental relationship or drugs and/or alcohol. Eight interviewees said yes to both, one person said no, one person said yes and no, and another said sometimes. A person who said yes shared “I don’t drink like that. I think me then is completely different from who I am now. I don’t drink every single day. I don’t even get bombed every single weekend. It’s more like I drink social for fun instead of coping.” Another said “Yes, I no longer drink, and have developed an inner sense of self-worth and love that has translated into taking better care of myself and interacting with my family.” The research subject who responded with “sometimes” elaborated to say “I think smoking became more of a defense mechanism.” Finally, the participant who responded with “yes and no” described their response by saying

I would say [the drugs and alcohol are] more manageable, but I don’t use them as frequently. I would say I drink a lot less now. I mean like I normally will have

like two glasses of wine after work [every day]. And I'm actually prescribed muscle relaxers, so I take them daily [as prescribed]. And as for coke, I would say like probably once every other week.

Summary

This chapter contained the results of a study consisting of 12 self-identifying lesbian, gay, and/or bisexual people. The participants were asked 24 questions about their experiences with substance use or abuse after experiencing parental rejection upon coming out in adolescence. Each participant in this study had some degree of experience with substances upon coming out to their parents, but the types of rejecting behaviors varied. Alcohol was used and/or abused as reported by each participant, but different substances in addition to alcohol were varied.

There were expectations that there would be high level of substance use and abuse reported by most participants. Although the research regarding high levels of LGB substance use and abuse seemed to be varied and ultimately, unclear, given the complexity and difficulty of experiencing parental rejection, the use and abuse of substances reported were not surprising. It was also not surprising to learn from some interviewees that religion played a part in their parents' rejecting reaction and behavior.

What was unexpected was the amount of resiliency and coping skills developed as a result of experiencing rejection from parents and/or society; eleven participants reported developing a sense of resiliency since coming out. This finding contradicted the expectation that most people would still be struggling to accept their identity and dealing with their parents' rejection.

Through first hand accounts from participants in this study, it is clear that parental rejection has negatively impacted parts of their lives. Each participant was asked about

their experience of coming out to their parents, along with the types of rejecting behaviors they experienced. Participants described the many different ways they were rejected ranging from verbal disapproval to hysterics, how long they experienced rejection, and if they are still currently experiencing rejection. The length of time was varied, and many said they were no longer experiencing rejection, but that their parents have not come to a place of full acceptance either.

The interviewees were then asked to talk about their experiences of substance abuse before and after coming out. Only one person did not have any experience with substances before coming out, but all twelve respondents had some experience with substances after coming out. Participants reported different levels of substance use and abuse and many different types of substances, including alcohol, marijuana, prescription medications, ecstasy, and many others. While not all participants reported they were using to cope with their parents' rejection, some did report they used substances to feel less inhibited.

Lastly, respondents were asked about the resources they were available during the time they came out and experienced rejection. Most participants agreed that their friends were the biggest part of their support system, but some reported that they did not have much of a support system at all. When asked about developing resiliency and/or coping skills, all participants but one stated that they have become more resilient and have developed a set of coping skills that help to deal with parental rejection.

CHAPTER V

Discussion

Introduction

The purpose of this research study was to further explore lesbian, gay, and bisexual peoples' experiences with substances after experiencing rejection from parent(s) and/or caregiver(s) upon coming out in adolescence. Only one other research study mentioned in the literature review has focused on the relationship between substance use and parental rejection. While that study focused on different mental health disparities associated with parental rejection, this study centered on substance use exclusively.

This chapter is a discussion of the findings from this study in the following major sections: 1) key findings, a comparison of the study results and the previous literature; 2) implications for social work practice, and how results from this study can be used to better understand this phenomenon 3) strengths, limitations and biases and 4) recommendations for future research in relation to LGB substance use/abuse and parental rejection.

Key Findings: Comparison with the Previous Literature

The coming out process for LGB individuals is a unique and complex one. Captured in this study are the stories from LGB people describing their experience of both substance use and parental rejection upon coming out. Responses collected also addressed the participant's level of resiliency and any kind of coping skills developed as a result of parental rejection. The following subsections will be used to compare the findings of this study to the literature previously presented: the coming out process, substance use/abuse, and resiliency.

The coming out process

This subsection presents information about the interviewees' experiences of coming out to their parents, including the type of rejection they experienced. Some results from this study are consistent with the findings of Savin-Williams (2001), who compared the stages of Kubler-Ross's model of grief to parents' processes around a child coming out as LGB. While not every participant reported parental reactions that resembled the model of grief, many of them did. Hunter (2007) proposed that many factors might influence this type of reaction. The factor most similar to findings of this study is religion. There does not seem to be any clear similarity with the other factors, such as age of the adolescent and parent, ethnicity of the family, or directness in which the parent was told or found out.

While the results of this study cannot be generalized because of the small amount of participants, they are reflective of Savin-William's (2001) research that states that most LGB young adults will first disclose to friends, and that a small amount will disclose their identity to their mothers first.

As previously noted, experiencing rejection was a criterion for participating in this study, and therefore cannot be directly compared to Hunter's (2007) research that found a small percentage of youth experienced hostile and/or aggressive reactions from parents. Many participants in this study experienced more extreme responses, however, including hostile and aggressive reactions. Within that same study, Hunter found that adolescents who disclose to their fathers most often do not do it directly, meaning the father will find out through the mother. This finding is consistent with the findings of the current study, with most participants reporting not disclosing their sexual orientation to

their fathers directly; many said their fathers came to know of their LGB identity through their mothers.

Substance use and abuse

The findings in the previous literature that are most significant to my study is the research conducted by Ryan, Huebner, Diaz, & Sanchez (2007), which showed an association between parental rejection upon coming out and elevated rates of substance use and abuse. The majority of participants in my study reported an increase in their use and abuse of substances after coming out to their parents and experiencing rejection. Some interviewees also reported using new or different substances after coming out. It is important to note that although their use increased, only one person linked this phenomenon to their experience of parental rejection. Other than the Ryan, et al. study, there is no other literature that addressed participant responses about feeling uninhibited, or the need to escape their feelings of shame to their increased substance use.

The two gay males in my study had the most extensive and extreme experience with substance use and abuse. This reported extreme use was based on the number and type of different substances consumed, frequency, and current use. This finding is not consistent with any literature that was reviewed, although Russell, Driscoll, & Truong (2002) reported higher rates of substance use and problems associated with substance use among specifically bisexual men.

Resiliency

Reported resiliencies and resources were not aligned with previous research. In reviewing all of the available literature in regards to resiliency of LGB people, only three factors were mentioned that contributed to being resilient: flamboyance, gender rigidity,

and passing (Harvey, 2012). Two of those factors (gender rigidity and passing) refer to actions and behaviors that describe a way to adapt to a heteronormative society, with gender rigidity only being applied to a transgender adolescent's experience. The resiliency described by the interviewees spoke to their acceptance of their LGB identity and the growth that occurred as a result of experiencing rejecting behaviors. Most participants owned their identity, instead of conforming to society's expectations of heterosexuality. Interviewees also noted that their friends and/or support systems were a large factor in helping to cope with parental rejection.

Implications for Social Work Practice

This study may help to inform the way that social workers interact with lesbian, gay, and bisexual youth and their families. It is important for social workers working with this population to know that these youth face the potential of experiencing rejection for parents and the implications of that rejection. The findings may also assist social workers in educating parents of LGB youth. Additionally, the information contained in this study may give practitioners a deeper understanding of the importance of a support system when LGB adolescents may be experiencing rejection and how the clinician can be an addition to that support system. It is notable that three people in the study identified their therapist or therapy as being a helpful tool in coping with rejection.

Not only can understanding the effects of parental rejection post coming-out be helpful for social work practitioners, but understanding other reasons that LGB youth may use and abuse substances is critical as well. The results from this study indicated other reasons for greater substance use and abuse, such as internalized homophobia, or the

challenges of living as an LGB person within a heterosexist society. All of these things are important findings that will help social workers better serve the LGBT population.

Strengths, Limitations, & Biases

While the findings of this study are important, limitations and biases do exist. First, because this study was exploratory and contained a small sample of 12 participants, the findings cannot be generalized to the entire LGB population. The recruitment was done from college campuses, which can only represent a small part of the LGB population. It is necessary to not make any assumptions about the participants; however, each person being in college speaks to only a certain socioeconomic status. This study unfortunately was not able to capture a broader range of socioeconomic statuses. Additionally, nine of the participants identified themselves as white or Caucasian, and nine also identified as women, again limiting the ability to generalize these findings in terms of race and gender.

The questions in the interview guide were self-developed and I chose the areas in relation to rejection and substance use or abuse would be explored. There was no expert review of this interview guide nor any pre-testing which likely compromised transferability and credibility (Drisko, 1997). An additional area of potential bias is this researcher's own sexual orientation and experience of parental rejection. Though participants were told beforehand that participating in the interview could cause emotional discomfort, the interviews were in depth and could have elicited painful memories although referral resources were provided.

The findings of this study do show that substance use and abuse is an issue of concern among the lesbian, gay and bisexual community, and that parental rejection

effects emotional and sometimes physical wellbeing of LGB adolescents. Though the results are not necessarily generalizable, this study gave some space to explore some of the reasons for a high amount of substance use and abuse among this population. This was the first study that attempted to further understand the connection between parental rejection after coming-out and use of substances. Hopefully, the findings of this study will open up a larger societal conversation regarding the negative impacts of this phenomenon.

Recommendations for Future Research

Further research is needed in order to enhance a better understanding of the phenomenon of parental rejection and its implications for LGB substance use and abuse. As noted in the literature review, there is a substantial lack of research studying the effects and impacts of parental rejection on LGB youth, and the correlation between parental rejection and substance use and abuse.

A larger, more representative sample of the LGB community would strengthen the ability to generalize the results. It would also be helpful to address the complexities of intersectionality for participants, in terms of their sexual orientation and other parts of their identities, like race, ethnicity, religion, etc. From the responses from those who participated in this study, there are indications that a broader question be addressed: What do LGB youth think has impacted their use or lack of use of substances?

And finally, another way to better understand this phenomenon is a more in depth exploration of resiliency among lesbian, gay and bisexual youth. There is again a substantial lack of empirical research addressing this topic.

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Appendix A

Interview Guide (or Instrument)

Demographic Information

1. What is your age?
2. How would you describe your gender?
3. How would you describe your race and/or ethnicity?
4. How would you describe your sexual orientation/identity?
5. Where were you living as an adolescent?

“Coming Out” Process

1. How old were you when you “came out” to your parent(s) and/or caregiver(s)?
2. What was “coming out” to your parent(s) and/or caregiver(s) like?
3. What types of rejecting behaviors did you experience from your parent(s) and/or caregiver(s)?
 -Follow up questions may include: how long did you experience rejecting behaviors from your parent(s) and/or caregiver(s)?

Substance Use

1. What was your experience with drugs and/or alcohol before you “came out” to your parent(s) and/or caregiver(s)?
 -Follow up questions may include: how often were you using and what drugs and/or alcohol were you using? How did you access these drugs and/or alcohol?
2. What was your experience with drugs and/or alcohol after you “came out” to your parent(s) and/or caregiver(s)?
 -Follow up questions may include: how often were you using and what drugs and/or alcohol were you using? How did you access these drugs and/or alcohol?

Coping & Resiliency

1. What, if anything, helped you cope with parental and/or caregiver rejection?
2. Have you developed resiliency since “coming out?”
 -Follow up question may include: How so? Did your resiliency and coping skills affect your relationship with alcohol and/or drugs?

Appendix B

Human Subjects Review Board Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-
7994

November 11, 2013

Jessica Goheen

Dear Jessica,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished).

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Jean LaTerz, Research Advisor

My name is Jessica Goheen and I am an MSW student at the Smith College School for Social Work. I am currently conducting research as a requirement for my Master's thesis, which explores experiences of gay and/or bisexual men and women with substance use after rejection from parent(s) and/or caregiver(s) upon coming out in adolescence. You were selected as a possible participant because you responded to my flyer on a public bulletin board in your college or university, social media outlet, or a public bulletin board in your community.

If you agree to be in this study, you will be asked to participate in a one-time, hour-long interview, which will be conducted in person or via Skype. With your permission, interviews will be recorded. During the interview, I will ask you to answer some basic demographic questions so that I have accurate information to report for my entire sample. I will then ask you to describe your experience of coming out, your parent(s)' and/or caregiver(s)' response to coming out, and your experience with substance abuse before and after coming out. To participate in this study, you must be an English-speaking gay and/or bisexual-identifying man or woman between the ages of 18-35 who experienced rejection upon coming out in adolescence. Therefore, if you are not an English-speaking gay and/or bisexual identifying man or woman between the ages of 18-35, you will not be eligible for this study. Also excluded from this study are those who did not experience rejection from parent(s) and/or caregiver(s) upon coming out, those who did not come out during adolescence, and those who did not come out to parent(s) and/or caregiver(s).

Persons who consider themselves addicted or dependent on alcohol and/or drugs will also be ineligible to participate.

Participation in this study involves some risk of emotional discomfort related to recalling painful experiences. A list of mental health referral resources will be provided. Benefits of participation, however, include having the opportunity to talk about the experience of rejection from a parent and/or caregiver, gaining insight from this experience, and having an opportunity to share if/how you have coped with that experience. You also have an opportunity to help reveal the experiences of parental and caregiver rejection on gay and/or bisexual adolescents, help give parents and caregivers the opportunity to understand how their rejection impacts their child, and help to contribute to a basis of research that can help influence programs and education for parents and caregivers of gay and bisexual children. Financial compensation will not be provided for participation.

Your participation will be kept confidential. **I will not include any information in any report I may publish that would make it possible to identify you.** My research advisor will have access to the data collected from our interview, but only after your name has been replaced with a pseudonym. Likewise, in publications or presentations, if illustrative quotes or vignettes are included, they will be thoroughly disguised. All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period.

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. You have the right not to answer any single question, as well as to withdraw completely up to the noted date below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by May 20, 2014. After that date, your information will be part of the thesis.

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time, feel free to contact me, Jessica Goheen at jgoheen@smith.edu or by telephone at (XXX) XXX-XXXX. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Thank you for your time and interest in this study.

Best,

Jessica Goheen

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to participation in this study.

Participant Signature

Date

Participant Printed Name

Researcher Signature

Date