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Jillian Goldstein  
Voices from the parents of  
lesbian, gay, or bisexual  
children: How do parents  
adjust to their child's lesbian,  
gay, or bisexual identity?

## ABSTRACT

This study explored the following question: How do parents adjust to the disclosure of their child's lesbian, gay, or bisexual identity? The purpose of this study was to focus on the parent of a LGB child in order to understand their reactions to their child's sexuality, their process of adjusting to their child's LGB identity, and to determine the impact it may have on the parents' relationship with their child. The study included two methodology components: an online anonymous survey and an in-person interview. The sample pool was comprised of sixty-one parents through the online survey and three parents who participated in the in-person interview.

The major findings of this exploratory study indicated that parents experienced both negative and positive reactions to the disclosure of their child's sexual orientation. The closeness of parent-child relationship, communication styles, and parents' personal attitudes regarding LGB identities prior to their child's disclosure were influential in parents' reactions and responses to their child's disclosure.

VOICES FROM THE PARENTS OF LESBIAN, GAY, OR BISEXUAL CHILDREN:  
HOW DO PARENTS ADJUST TO THEIR CHILD'S LESBIAN, GAY, OR BISEXUAL  
IDENTITY?

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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2009

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## CHAPTER I

### INTRODUCTION

This study explored how parents adjust to their child's lesbian, gay, or bisexual (LGB) identity. The majority of data on parental reactions to their child's LGB identity has been collected from the LGB child's perception of their parents' emotional experience to their sexuality (D'Augelli, 2006). The purpose of this study was to focus on the parents directly in order to better understand their reactions and process of adjusting to their child's LGB identity and to determine the impact it may have on their relationship with their child.

The study surveyed 61 parents and included 3 interviews. The goal of the study and related survey and interview questions were constructed to gain insight into the reactions among parent-participants in relation to their child's disclosure of their LBG sexual identity. The questions were designed to explore the parents' emotional reaction to their child's sexuality at the time of disclosure and post-disclosure; to what extent their child's sexual orientation has changed the parent/child relationship dynamic; if their child's LGB identity affected or changed aspects of their personal identity; if there were certain milestones that may have influenced and/or shifted parents' feelings/reactions regarding their child's sexuality; and if the parent sought counseling, (individual, couples, and/or family), to help navigate their reactions to the coming out process. The study's intent was to examine to what extent these parents' personal identities were altered after their child openly identified as LGB.

## CHAPTER II

### LITERATURE REVIEW

This chapter examines three primary topics that explore the ways in which a child's lesbian, gay, or bisexual (LGB) sexual orientation impacts parents' well-being, parent-child dyad relationships, and ways in which parents process and adjust to their child's sexuality. These topics include: 1) the coming out process for both child and parent; 2) parents' reactions and responses to the disclosure; and 3) the ways the family system shifts and/or is affected by the disclosure of the family member's sexual identity

#### *"Coming Out"*

##### *The Positives and Negatives of Disclosure*

Heterosexuality is the dominant sexual orientation in our society and is viewed as normative whereas homosexuality has a long-standing history of stigmatization and has often been viewed as subversive, non-normative, and/or pathological (Butler and Byrne, 2008). Due to the disparity of what is considered normative sexual orientation, some lesbian, gay, or bisexual persons upon identifying their sexual orientation as LGB, undergo a "coming out" process, whereby the LGB person tells others, be it family, friends, or co-workers that they are not heterosexual, but identify as LGB (Boxer, Cook, & Herdt, 1991; Morrow, 2006) and thus "come out" to others. The "coming out" process includes self-reflection and self-exploration in order to become aware of one's difference from what the dominant society deems as normative sexuality (Rotheram-Borus & Langabeer, 2001). The coming out process is "...not a discrete event or a stage-defined



trajectory, but a process that occurs and evolves throughout the life span” (Rotheram-Borus & Langabeer, 2001). The “coming out” process involves certain social and personal considerations to make when deciding whether or not to disclose one’s LGB identity to others. The United States’ social context of homophobia and heterosexism, which includes gender roles, expectations, and social pressures, creates negativity and stigmatization for LGB persons (Schneider, 2001). Thus the LGB persons’ “coming out” is likely to be an emotional process for both the individual and their family, if the LGB individual decides to disclose their sexual orientation to their family.

Depending on the age of the LGB person, there are a variety of factors that contribute to one’s decision to disclose their LGB identity to their parents. For LGB youth, coming out to parents can be viewed as a positive step towards identity integration (Magruder & Waldner, 1999; LaSala, 2000). For both LGB adolescents and adults, disclosure may be viewed as a means “to be honest and stop living a lie, to open up communication, to strengthen family bonds, to deepen love, and to provide opportunities for mutual support and caring” (Ben-Ari, 1995a, p. 308). “...Coming out...allows an individual to integrate gay and straight lives, assert maturity, renegotiate power within family relationships, and test the strength of blood ties” (Beeler & DiProva, 1999, p.444).

According to Magruder & Waldner (1999), Rotheram-Borus & Langabeer (2001), LaSala (2000), youth who do not disclose their sexual orientation to their parent(s), may experience the following: low self-esteem, depression, alienation, withdrawal and may engage in self-destructive behaviors as a coping mechanism. LGB youth who do not disclose their sexual identity to parents and/or peers, may lack social connections with others for fear of bullying and violence, and there may be a developmental arrest into

healthy adulthood. However, this position has been argued by theorists such as Green (2000) as a generalization and ethnocentric. According to Green (2000), the LGB person who does not disclose may do so to benefit their mental health, overall well-being and their family's stability. Most of the research on LGB identified people and their parents have been collected from majority white, middle to upper-middle-class samples, college students comprised primarily of small qualitative samples instead of larger quantitative samples. Green sites that there are five factors that contribute to a person's decision to come out:

“1) the pre-existing levels of closeness, openness, and conflict that exists in each parent/child dyad; 2) the amount of contact (time together) between parent and child; 3) the salience of the parents as a source of social support, social identity, and economic support; 4) the availability of other sources of social support, social identity, and economic support (for example, friends, family of choice, employment outside of the family); and 5) the individual's appraisal of the costs/benefits to self, to the parent, and to their relationship, based on the anticipated responses of family members” (p. 261).

Dependent upon these factors and one's relationship to family and community, coming out is case specific to the contextual environment and identity of the person. Not all family theorists acknowledge the influence and impact of ethnic, religious, cultural, racial, and economic identities (Green, 2000). This research has been limited in demographic scope to “highly educated, upper-middle class, and almost exclusively white samples living in U.S. urban areas” (p. 260).

Due to the importance of parental support in the confidence and self-esteem of the youth, (which will be further explored later in this section), the LGB youth may feel a tremendous amount of fear for the possible negative backlashes that could occur by disclosing their sexuality to their parents. Ben-Ari (1995a) found that some of the reasons

LGB adolescents or adults may not disclose their sexual orientation to their parents include the following: “fear of rejection, parents' sense of guilt, parents' physical and mental pain, son's or daughter's sense of guilt, fear of being forced to 'get cured,' protection of the family from crisis, and uncertainty about one's own sexual identity" (p. 308). In her survey of 32 gay and lesbian adults, slightly over one-half of the participants feared rejection from their parents prior to disclosure, (Ben-Ari, 1995a). By revealing their LGB orientation to their parent, the LGB youth may fear the loss of emotional support and resources – such as food, shelter, clothing, schooling, and money (Rotheram-Borus & Langabeer, 2001).

Disclosure can also lead to verbal and physical assault in the home. Pilkington and D’Augelli (1995) surveyed one hundred and ninety-four youths between the ages of 15-21 to research the prevalence of victimization due to the disclosure of their sexual orientation. Of the one hundred and ninety four participants, 36% reported some form of victimization by the LGB person’s family member. The findings indicated that mothers were more verbally abusive (22%) than fathers (14%); more female participants reported verbal abuse (29%) from mothers than male participants (19%); 10% of the sample reported physical assault – women experienced physical abuse (18%) to men (8%); mothers were more protective of their LGB children (25%) from victimization than fathers (13%). Therefore, fear of familial victimization is another reason youth may not disclose their sexual orientation to their family (Rivers & D’Augelli, 2001).

By and large, the coming out process has been examined through a white, middle-class, Eurocentric lens, thus neglecting the experiences of LGB individuals who are of other racial, ethnic, religious, or social class groups (Greene, 1997). Primarily, the notion

of positive identity integration through disclosure is regarded as a Eurocentric bias (Greene, 1997). LGB people of color who are “out” have more than one minority identity status than Caucasian LGB individuals, thus the decision to be an “out” person of color may have more negative backlashes than Caucasian LGB individuals. Savin-Williams (1996) writes that the ethnic-minority lesbian, gay, and bisexual youth faces the following three tasks: “developing and defining a sexual and an ethnic identity; resolving potential conflicts in allegiance within both reference groups or communities; and negotiating homophobia and racism” (p. 153). On the macro level, the LGB person of color risks rejection as a sexual and racial minority, and on a micro-level, the LGB person of color risks rejection by their ethnic or racial identity group because of their sexual minority status (Greene, 1997). The LGB person of color may identify to a greater extent with their racial or ethnic identity, and value the cultural connection to their racial/ethnic group, more so than identifying with their sexual orientation group (Greene, 1997). This may present a double bind for the LGB person of color as they may then feel alienated and without support from the LGB culture (Savin-Williams, 1996). The LGB youth of color is more likely to fear rejection by their family than their Caucasian counterparts (Dube, Savin-Williams, & Diamond, 2001). Theoretical and clinical research suggests that families of ethnic-minority gays and lesbians are more homophobic than Caucasians, because ethnic-minority groups tend to be more religious and traditional in their views of gender roles, family, and sex (Dube, Savin-Williams, & Diamond, 2001).

### *Parents' Responses*

Parents who respond to their child's coming out in a supportive manner, can have a positive effect on the youth's self-confidence and self-esteem, "...this is because the initial disclosure of homosexuality to parents and their subsequent reaction is critical to stable identity formation, and can impact self-esteem and the perception of the self and homosexual orientations in general" (Coenen, 1998). For instance, Savin-Williams (1990) surveyed 317 youths between the ages of 14 – 23 years and found that self-identified lesbians felt most comfortable with their sexuality if their parents were accepting of their lesbian identity. For the gay male participants, parental acceptance was a factor in their child's subsequent sense of self-confidence.

“Given that the vast majority of GLBT youth are reared in families where heterocentric ideals and traditional gender role divisions are the norm, they typically have neither family support nor guidance on how to express their identities as sexual minority people” (Morrow, 2006, p. 133). Since the parents of LGB children are often heterosexual, they do not have the personal experience to draw upon and may not be able to serve as the needed buffers and teachers during their child's coming out process. “It will take time, investment, emotional adjustment and education for these parents to gain this understanding” (Saltzburg, 1996, p. 3). The ability for parents to become buffers against victimization will tremendously help their child emotionally and psychologically. Being a sexual minority is uniquely distinct compared with other minority status groups. Parents who share the same minority identity status with their child teach their children from an early age about adversity, oppression, and discrimination, thus serving as a buffer for their child (Saltzburg, 1996). LGB children more often than not have parents

who are heterosexual and are therefore uniquely different than other oppressed minorities in our society. However if parents are willing to do so, they can become buffers through acceptance and education. Hershberger and D'Augelli (1995) found that family support significantly reduced the psychological stress and symptoms resulting from victimization experienced by gay teenagers. Hershberger and D'Augelli's studied 165 lesbian and gay participants, from 14 U.S. cities. Of this sample pool, 75% (123) were male and 25% (42) female. The average age was 19 years old with an age range of 15-21 years old, (p. 67). Their findings showed a negative correlation of .87 between psychological problems and the personal self-acceptance on the part of gay youth if the youth has supportive family. It was deduced that, "family support was associated with greater self acceptance, which was associated with fewer mental health difficulties" (p. 72). The child whose parents respond negatively may experience adverse psychological and behavioral outcomes, such as internalized homophobia, low self-esteem, and high-risk sexual behavior (Willoughby, Malik, & Lindahl, 2006). Parents are impacted when their child discloses they are LGB, (Muller, 1987), however few researchers have focused on exploring the specifics of parents' experience of their child's disclosure (Saltzburg, 2004); how a parent's well-being may be impacted by having a LGB child (Boxer, Cook, & Herdt, 1991); or what the parent's process towards acceptance entails (Savin-Williams & Dube, 1998). Most empirical research on parental acceptance levels have been collected by the LGB youth themselves; and parental reactions and experiences have been captured by the perspective of the LGB child, which may not be an accurate account of the internal processing that parents experience (Savin-Williams & Dube, 1998). For example, in D'Augelli and Hershberger's (1993) study, youth reported that, of the mothers disclosed to, 55% were

accepting, 25% were tolerant, 8% were intolerant but not rejecting, and 12% were rejecting. For fathers, 37% were accepting, 36% were tolerant, 10% were intolerant, but not rejecting, and 18% were rejecting. The results of Savin-Williams, R.C. (2001) survey of 164 LGB youths and young adults showed that gender impacted initial reactions. Lesbian and bisexual identified women experienced positive reactions from mothers whereas bisexual and gay men reported negative reactions from mothers. Male participants were more likely to report improvement in their relationships with parents, while female participants reported that relationships with parents remained the same.

In general, LGB youth are less likely than parents to perceive a positive change in parent-child relationships following disclosure. For example, Ben-Ari (1995b) surveyed parents of LGB children and LGB identified individuals, (however parent-child participants were not related). Following sexual orientation disclosure, 56% of the lesbian and gay young adults felt that their relationship within the family improved. Of the 56% that reported improved relationships, 66% reported improved relationship with mothers and 44% reported improved relationships with fathers. This starkly contrasts parents' assessment of their relationship with their LGB children, 84% of mothers and 63% of fathers reported improved parent-child relationships, post disclosure.

### *Developmental stages*

Mental health professionals who counsel parents of “out” LGB children have described parents having initial feelings similar to grief and mourning, and later progress through stages that parallel Kubler-Ross' (1969) stages of mourning that occurs after a person learns they are dying (Savin-Williams & Dube, 1998). These developmental stages are popularly used by parent support groups, among mental health clinicians, and

by theorists. However empirical research has “seldom directly tested the validity of the mourning/loss stages in terms of the real-life reactions parents have upon learning about the sexual-minority status of their child” (Savin-Williams & Dube, 1998, p. 8). DeVine (1984) and Herdt & Koff, (2000) are among other theorists who have developed stage model approaches to the parents’ process of emotional adjustment. Although not all parents experience the developmental stages linearly or at all, the reactions have been found to be common emotional responses cited in the research.

Savin-Williams & Dube (1998) describe the stages of parents’ emotional adjustment as the following: The first reaction a parent experiences is shock – yet shock is not considered as a part of the stage development model, “This stage most frightens youth as parents say things such as ‘I can never love you again’” (p. 7). The first stage in the model is denial and isolation. Parents experience denial as a way to avoid the truth. They may label their child’s coming out as a phase or may avoid the topic completely to deny the existence of the disclosure. Parents may feel a sense of isolation, in that they are feeling that they are the only parent to have a child come out and may not talk to others about their child’s disclosure, which can increase the feelings of aloneness (Muller, 1987). The second stage is anger. The parent may become full of rage, agitation, or dismay with their child. In the anger stage, a parent may become verbally or physically abusive which can lead to rejection (Savin-Williams & Dube, 1998; Myers, 1982). Parents may blame an external source for their child’s sexual orientation and direct their anger towards that external cause, (Savin-Williams & Dube, 1998). Bargaining is the third stage, which the parent may try to discourage their child from telling others of their sexual orientation (Savin-Williams & Dube, 1998). Depression is the fourth stage.



Parents may experience a range of feelings such as sadness, humiliation, guilt and shame, and may become distant "from formerly close relationships or try to isolate themselves from others and thus preempt the ostracism they feel will inevitably come" (Savin-Williams & Dube, 1998, p.8). Lastly, the final stage is that of acceptance, understood as the stage in which parents' mourning has subsided and they are accepting of being the parent of a gay child. Support groups, educational materials, and mass media presentations are sometimes effective methods in moving a parent to the acceptance stage (Savin-Williams & Dube, 1998, p.8). DeVine (1984) finds that the final stage, unrecognized by the Kubler-Ross' model, is integration. This stage does not infer that the child's sexuality will not be an issue, but rather that the family will now have the tools to resolve family issues that emerged due to the child's LGB sexual orientation in a "respectful, open and supportive manner to all family members" (DeVine, 1984, p.10). DeVine (1984) maintains that few parents are able to achieve this stage because of the social context of heterosexism and homophobic stereotypes perpetuated within our society.

Herdt and Koff (2000) developed a different stage model that also tracks parents' emotional process in relation to their child's sexual orientation. Their model consists of three stages: disintegration, ambivalence, and integration. The disintegration stage is characterized by parents' experiencing negative emotions, such as shame and guilt, to their child's coming out. The next stage, ambivalence, entails parents beginning to integrate their child's new sexual orientation identity into their lives and will be able to view some positive aspects of their new LGB identity. The final stage is integration, in which parents accept they are not able to change their child's sexual orientation however

have learned and are able to integrate their child's new identity as LGB as an accepted part of the family system.

Beeler and DiProva (1999) critique the stage models as being vague. For instance, that it is unclear how parents progress from one stage to the next, and how progression is determined. These researchers question the meaning of the last stages of acceptance and integration and ask, what does this entail and how is this reflected in the family? (p. 445).

#### *Parents' Emotional Reactions*

Parents report an expansive range of emotions post-disclosure, including: loss, shame, guilt, shock, denial, anger, grief, failure, pride and acceptance (DeVine, 1984; Robinson, Walters, & Skeen, 1989; Hamersmith, 1987; Ben-Ari, 1995a; Herdt & Koff, 2000; Muller, 1987; Griffin, Wirth, & Wirth, 1986; Saltzburg, 1996). Overall, the available empirical research suggests that parents initially react with negative responses but that over time, their reactions shift into being more positive (Robinson, Walters, and Skeen, 1989).

In Robinson, Walters, and Skeen's (1989) study of parental responses to their child's LGB identity post-coming out, the 402 participant pool of parents were recruited through two national organizations designed to support parents of LGB children. The findings indicated that two thirds of parents reported that their initial response was negative, consisting of grief-like reactions. Sixty-four percent of participants experienced the five stages of mourning and loss (Kubler-Ross model). 74% reported fear for their child's well-being, 64% reported initial sadness, 58% reported regret, and 49% reported depression. A vast majority of the participants reported they were able to work through their initial negative feelings and achieve acceptance (97%).

Ben-Ari (1995a) found that parents' most common reactions and responses to their child's coming out were shock, guilt, acknowledgment, and acceptance. Anger and rejection were relatively rare reactions among parent participants. The data showed that mothers' and fathers' emotional responses differed with respect to guilt and acceptance. Fathers felt more guilt than mothers; fathers of lesbian daughters felt greater guilt than fathers of gay sons, while mothers of gay sons felt more guilt than mothers of lesbian daughters. When acceptance was tested based on the sex of child, it was found that parents of gay sons were more accepting than parents of lesbian daughters. Results from Ben Ari's survey also indicated that parents that were told by their child, versus finding out through another person, seemed to adjust more easily to the disclosure. Parents preferred face-to-face disclosure as opposed to other mediums of communication as they felt this to be the most intimate way of coming out, resulting in fewer negative feelings or reactive responses, such as guilt, shame, anger, and rejection are decreased (Ben-Ari, 1995a).

Armesto & Weisman (2001) surveyed 356 graduate psychology students in a hypothetical and fabricated situation that asked the students to imagine they were a parent to a son who recently disclosed he was gay. The research sought to test if there are predictive factors among parents whose reaction to learning of their child's LGB sexual orientation was negative. The study found that "greater perceptions of control over homosexuality, higher proneness to experience shame, and lower proneness to experience guilt were associated with increasing negative reactions toward an imagined homosexual child" (p. 145).

Parents' initial negative reactions may be attributed to several factors. Minimal research has been conducted to identify if there are predictive factors to how certain parents react negatively while others have a positive reaction (D'Augelli, 2006; Willoughby et al., 2006). Willoughby et al (2006) speculates that there are several factors that influence parental responses, such as generational differences, influence of race/ethnicity and how homosexuality is viewed in one's culture; the parent's education level, their ideological leanings regarding gender roles, religion, and authoritarianism (p. 15). DeVine (1984) applies a family system theoretical orientation in analyzing the variables that contribute to parents' reactions:

“(1) There are no rules in the family system appropriate to handle the behavior, (2) there are no roles in the family specific to the issue into which the family members can fit, (3) there is no constructive language available to describe the issue, (4) there are strong negative family and cultural proscriptions against homosexual behavior, (5) the cohesive element, regulative structure and themes within the family system become critical forces against adaptation”, (p. 9).

These factors as related to how family systems are affected have been highlighted in more recent research and literature (Muller, 1987; Robinson, et al, 1989; Strommen, 1989; Boxer et al, 1991; Ben-Ari, 1995b; Pearlman, 1995; Saltzburg, 1996; Beeler & DiProva, 1999; Fields, 2001; Willoughby, et al., 2006). Specifically, Willoughby et al (2006) writes that,

“A child's coming out is a salient event that often shifts several aspects of the family system. Previous family values may be called into question, such as beliefs about sex, sexuality, and religion. Family roles and expectations also invariably shift during disclosure. A parent's dream for a son who was expected to marry a woman, have children, and 'carry on the family name' may be shattered. Furthermore, a coming out episode may prompt a shift in relationship boundaries wherein, for example a gay son may develop a closer bond with an understanding parent and shun a rejecting parent. A son's sexual orientation disclosure, therefore, can be defined as a stressor event” (p. 16).

Parents are ushered into new territory without having the tools to navigate the new terrain. In this way, parents lack a script in how to dialogue with their child about his or her stigmatized sexuality (Fields, 2001). The presumption of heterosexuality that is perpetuated by our society may elicit feelings of shock, as the parent is not prepared for their child's new identity (Saltzburg, 1996). Parents may have internalized societal misconceptions and misinformation about homosexuality, which could be due in part to a lack of exposure to homosexuality (Ben-Ari, 1995b). The parent may not have correct information about LGB people and therefore their internalized negative beliefs and/or internalized common stereotypes about LGB individuals are applied to their child (Strommen, 1989; Ben-Ari, 1995b). "For parents just learning that an adolescent child is gay or lesbian, disparaging messages internalized about homosexuality may undermine previously held thoughts about their child as a positive aspect of themselves, creating a sense of narcissistic injury" (Saltzburg, 2004, p. 110). The parent has only known his or her child as heterosexual, therefore the parent mourns this identity and image that no longer exists. The parent may experience his or her child as a stranger because of the new and foreign identity (Strommen, 1989). The parent experiences grief and loss reactions due to the demise of their heterosexual dreams, visions, and hopes for his or her child, such as having a traditional white wedding and grandchildren (Muller, 1987; Robinson, et al, 1989; Boxer et al., 1991; Pearlman, 1995). In these ways, parents undergo a "coming out" process of their own, categorized by an introspective period in which they restructure their world view. They must also examine the expectations and goals they had held for their child, past, present and future with their child's new identity as lesbian, gay, or bisexual (Boxer et al., 1991). In this process of restructuring, a parent will

continually revisit earlier mental and emotional connections to the previous heterosexual child, and will then need to let go of those images in order to connect and bond with the real lesbian, gay, or bisexual child (Saltzburg, 1996).

Beeler & DiProva (1999) interviewed parents of LGB children to gain their perspective on how they were affected by their child's sexual orientation disclosure. The sample pool was recruited from the support group for Parents and Friends of Lesbians and Gays, PFLAG. The participant pool was homogenous, white, middle class, and small in size. Four families, including siblings and the LGB child, were interviewed. The researchers extracted twelve themes that reoccurred in the families' narratives. However their experiences are non linear and therefore the Kubler-Ross developmental stage model was not applicable to these four families. Twelve main themes emerged from the interviews involving learning how to create dialogue to discuss their child's sexuality, education, communication, challenging values and belief systems, processing negative feelings, how to accept a different vision for their child, and coming out process to others outside of the nuclear family. Robinson et al (1989) found that most parents were able to accept and support their child's sexuality after they worked through their grief and learned more about homosexuality. Borhek (1983) suggests it may take parents two years to work through their grief and to fully accept their child's sexual orientation, while Muller (1987) suggests it can take upwards of 5 years for parents to adjust to their child's identity.

No typical family response exists to a child's coming out (DeVine, 1984; D'Augelli, 2006). The ways in which parents adjust and transition through the developmental stages is an underdeveloped area of research for this field (Savin-Williams

& Dube, (1998). There is limited research and literature focusing on how parents adjust to their child's sexual orientation. However, within some of the literature, researchers have highlighted variables that influence parents' ability to progress through developmental stages (if applicable) and their ability to become more accepting. First, accurate and supportive educational information about lesbians and gay men can help the parent better adjust to their child's identity (Neisen, 1987; Ben-Ari, 1995b). Cultural stereotypes of homosexuality were altered for parents through learning more about the gay community through their children's lives (Boxer et al, 1991). When children were able to educate their parents on what it means to be gay and lesbian, this positively influenced the parent-child relationship (Boxer et al, 1991). Secondly, parents need time to adjust to their new status as a parent of a lesbian, gay, or bisexual child (Savin-Williams and Dube, 1998; Hammersmith, 1987). Thirdly, parents may be motivated towards acceptance due in part by the fear of losing their relationship with their child and fears of being isolated from their child's life (Robinson et al., 1989; Boxer et al., 1991). Saltzburg (2004) suggests that in order to preserve the relationship with the adolescent who just disclosed their sexual identity and "reaffirm positive parent self-regard" (p. 116), the parent needs to reorganize the parenting structure at three levels: "adapt to their child now as gay or lesbian, adapt to their own identity of a parent of a gay or lesbian adolescent, and adapt the social context of adolescence to include gay and lesbian adolescents" (p. 116).

### *Family System*

The ways in which the family system functions as a whole, primarily related to family themes, cohesion and regulative structures may be indicative to how the family is

able to adapt and adjust through the developmental stages (DeVine, 1984). Regulative structures refer to the spoken rules, the unspoken rules and the role expectations of family members. Family themes are the ways in which the family defines themselves as a unit and how the family resolves problems and issues. These variables “control the members within the system” (DeVine, 1984, p. 10). The clinician who is working with the family in treatment needs to be aware of the family’s themes, cohesion, and regulative structures in order to effectively support each member and create change within the system (Coenan, 1998).

Few researchers have studied whether there are predictive factors to family responses in relation to the LGB individuals’ disclosure of their sexual orientation to their family, based upon the family system structure. Disclosure is a complicated process that “reflects families’ communication routines and fault lines, that in both the known, practiced ways in which family members share information, as well as more complex, indirect patterns of communication” (D’Augelli, 2006, p. 137). When the person’s sexual orientation is known to their family, either through self-disclosure or through others, the family dynamics and relationships change. However, little research has been conducted to analyze how much or how little change occurs within families over time (D’Augelli, 2006).

According to family system theorists, levels of closeness prior to disclosure, which refers to the degree of cohesiveness among family members, may serve as a predictive factor in determining whether a LGB individual discloses their sexual orientation and how the parent will respond to their child’s sexual orientation. According to DeVine (1984):



“Cohesion is the distance or closeness of the emotional bonding that occurs between family members and the degree of autonomy that this bond affords members within the system.... cohesiveness spans a continuum from extremely high cohesion ‘enmeshed’ where little autonomy exists to the other end of the spectrum, ‘disengaged’ where the members experience very little affectional bonding and family solidarity” (p.10)

DeVine (1984) found that within family systems marked by high levels of enmeshment and rigidity, the LGB person is likely to not disclose for years, unless forced from outside the family system. LGB individuals whose family system is disengaged and chaotic will not disclose their sexual orientation in order to reduce the “personal stresses generated by the system” (p.12). This is due to the presumption that such a family system lacks the cohesiveness and adaptive strength to adjust to their child’s sexuality. Savin-Williams & Dube (1998) state that, “the most accurate generalization that can be made regarding factors that portend positive reactions is that a positive prior relationship between parents and child is a good omen for a healthy resolution” (p. 11).

Willoughby et al. (2006) defines cohesion in relation to the “overall connectedness within the family system and the emotional bonding that family members have toward one another, whereas adaptability is the extent to which a family is able to change when confronted with novel situations” (p. 16). Their study focused on gay men’s perceptions of the level of closeness with their parents and whether the level of closeness was a predictive factor in their parents’ responses and reactions. The sample pool included 72 gay men, who were ethnically diverse and who were recruited from organizations for gay young adults. The research findings indicated that “men reporting to be from cohesive, adaptable, and authoritative families prior to coming out perceived their parents' reactions as less negative compared with men reporting to be from

disconnected, rigid, and authoritarian families” (p.14). Their findings concluded the following:

“...Families with high cohesion, adaptability, and warmth in place prior to disclosure may give precedence to the family and reject society's condemnation of homosexuality. In contrast, families lacking family level resources may have little reason to embrace their child and may choose to follow the notions of the general public" (p. 23).

### *Family in Treatment*

Most families with a child who identifies as LGB will not seek psychotherapy treatment (Coenen, 1998; Niesen, 1987), however the family therapist who works from a family system framework should approach the treatment with the aim of enhancing the family's communication style (LaSala, 2000; Coenan, 1998), facilitating healthy problem solving and coping skills (LaSala, 2000; Coenan, 1998), and providing a space for restructuring of roles, rules, and to dispel homophobic myths (Coenan, 1998; Hammersmith, 1987; DeVine, 1984).

The family therapist has to be attentive to the varying emotional needs of the subsystems (LaSala, 2000). For instance, parents may need to have the space to grieve the loss of their child's heterosexual identity while simultaneously the child may need the parent to be responsive and validating in their coming out process (LaSala, 2000; Saltzburg, 1996; DeVine, 1984). Due to the varying needs and individual processes that occur within the unit as a whole, the clinician's role is to balance the need to readjust family rules, roles and themes (DeVine, 1984) and help family members maintain a connection and engagement to one another during the coming out process (LaSala, 2000; Saltzburg, 1996). For some families, positive communication may be difficult, therefore the clinician should set limits for the family to maintain non-combative communication in

whatever capacity the family is so capable, even for example, if it is “brief and superficial” (LaSala, 2000, p. 67).

DeVine (1984), a family therapist and theorist, recommends the following concrete techniques for clinicians while working with families in crisis precipitating their son and/or daughter’s disclosure as LGB. The following interventions that have been successful for DeVine (1984):

“Confront the individuals when feelings are not expressed. When feelings are expressed, validate them. Clarify responses that are homophobic in nature. Confront denial whenever it occurs. Be cognizant of the system's potential for punishment. Confront efforts to scapegoat the focal member (LGB). Clarify attempts to maintain idealized family fantasy. Be specific, concrete and explicit when contracting with family members. Affirm alternative organizational rules for the family when they open up the system. Speak the unspoken rules. Assist in redefinition of family roles. Articulate personal biases. Last, avoid encouraging adjustment. Instead, strive for resolution" (p.16).

DeVine’s resolution speaks to the stage developmental model as earlier discussed.

Clinicians who are applying developmental stage models, such as Kubler-Ross, need to be aware that parents may not experience their emotions and responses linearly as the model is designed. Stages may be skipped, reversed, or parents may become fixated in one particular stage. The clinician needs to normalize this process for the parent since the model may be useful for some parents but is not applicable to all parents (Savin-Williams and Dube, 1998). For parents who do follow the Kubler-Ross developmental model, they may experience comfort, hope, and less isolation knowing that other parents have gone through similar emotional experiences and adjustments. However this is not an assumption that a clinician should assume or attempt to apply to all parents. (Savin-Williams and Dube, 1998).

As mentioned earlier, few families seek mental health support and/or treatment following a son's and/or daughter's coming out. Neisen (1987) conducted an exploratory survey that was sent through the mail, through a family support group in Minneapolis and St. Paul, Minnesota, that sought out to see how helping professionals can better provide services to families in crisis because of a child's lesbian or gay sexual orientation. The study lacked diversity in that of the 39 participants, all were Caucasian, 82% Christian, 39 % had a college degree, and 82% lived in an urban or suburban setting (p. 241). The results indicated that 86% of respondents either "never" or "seldom" used counselors or therapists for support (p. 247). Neilson further noted that the available resources lacked accurate information and appropriate support, and that well-informed counselors and psychotherapists were limited in availability, visibility, and accessibility. (Niesen,1987).

#### *Summary*

The current literature indicates that parents' responses to their child's LGB orientation are expansive, and range from negative reactions such as denial, sadness, or anger to more positive reactions such as being open to learning about LGB culture and acceptance. The range of emotions parents experience often occur non-linearly (Savin-Williams & Dube, 1998). Contrary to the LGB individual's anticipation of their parent to have a negative and rejecting stance, parents are more likely to have a more positive reaction to their child's sexual orientation than the LGB child anticipates (Ben-Ari, 1995b). However, parental reactions are often dependent on factors such as levels of closeness and communication with their child prior to the disclosure (DeVine, 1984) and culture, race, ethnicity, religion, and socioeconomic status (Green, 2000).

There are numerous limitations to the existing research and literature such as the lack of adequate understanding related to what extent having an LGB child affects parents' well-being (Boxer et al., 1991; Savin-Williams & Dube, 1998). According to D'Augelli, Hershberger, & Pilkington (1998), there is limited empirical research focused on parents' response to their children's sexual orientation regardless of the age of the child or ages of parents, family structure, or community context (p. 361); the process parents undergo in adjusting to their child's sexuality (Saltzburg, 2004); and how the parent-child dyad and the family system as a unit adjust and is impacted (DeVine, 1984; Coenan, 1998). In addition, there is little research available in relation to the intersection of race, ethnicity, culture, religion, education, and socioeconomic identity and the impact on parents' response and reactions (Greene, 1997; Green, 2000; D'Augelli, 2006); narrow sample pools (Green, 2000) and whether those parents who do participate are representative of the population of parents with LGB children (Savin-Williams & Dube, 1998). Finally, there are few studies that focus on parents themselves (D'Augelli, 2006) and of those studies that have been conducted most have been retrospective, rather than prospective (Boxer et al., 1991) or longitudinal, which would enable researchers to "assess the progression of responses parents have to their child's disclosure" over time (Savin-Williams & Dube, 1998, p. 10).

D'Augelli (2006) whose research is primarily focused on LGB adolescents and families, states that research should focus on the following 8 areas:

1. determining how parents learn about youths' sexual orientation and the extent of such knowledge among varied family members;
2. assessing parental and family members' reactions to milestones in the development of youths' sexual orientation – youths' growing awareness of sexual

orientation, self-identification as LGB, disclosure of sexual orientation, and integrating sexual identity into other aspects of their identity;

3. identifying the stressors that parents experience as a consequence of the disclosure of youths' sexual orientation;

4. examining family communication patterns about youths' sexual orientation and familial responses to disclosure;

5. assessing the family emotional climate after disclosure;

6. identifying the relationship between negative parental attitudes about homosexuality and parents' treatment of LGB youths;

7. determining the factors distinguishing families who react positively and those do not; and

8. examining the impact of the families' coping resources, and strengths on youth development. (p. 153).

Due to the limited research conducted on parents' responses and adjustment process to their child's coming out, the following chapters will discuss this researcher's study findings to the following research question: How do parents adjust to the disclosure of their child's lesbian, gay, or bisexual identity?

## CHAPTER III

### METHODOLOGY

This study asked the following question: How do parents adjust to the disclosure of their child's lesbian, gay, or bisexual identity? There have been few studies that examined parents' perspectives on how they were impacted by the disclosure of their child's lesbian, gay, or bisexual orientation and their adjustment to this disclosure. In order to explore this question, an exploratory, qualitative study was conducted by using a qualitative on-line survey and included three in-person interviews.

#### *Sampling*

The participants comprised a nonrandom purposive sample of 61 participants chosen because they are a parent whose biological, adopted, or foster child identifies as lesbian, gay, or bisexual (LGB) and their child has disclosed their sexual orientation to the participant. There were no age requirements for parent or their child. Exclusion criteria included those potential participants who suspected that their child is LGB, but their child has not directly disclosed their LGB sexual orientation to the participating parent. Participants needed to be able to read English in order to complete the survey. The 3 interview participants needed to be conversant in English, the language used by the researcher.

Recruitment took place online and in-person with lesbian, gay, bisexual, and transgender (LGBT) affiliate organizations. Recruitment for the on-line survey was sought by contacting organizations and agencies that work with the LGB community,

specifically, Parents, Families and Friends of Lesbian and Gays (PFLAG) of San Francisco and Greater Boston's Parents, Families and Friends of Lesbian and Gays; internet postings through myspace.com and facebook.com; fliers distributed at the LGBT community center in San Francisco; and the snowball method. Recruitment for the interviews was sought through the on-line survey and in person at PFLAG meetings in San Francisco. Interviewees had to be living in the Bay Area in order to qualify because interviews were conducted in-person. At the end of the survey, information was provided about how to contact this researcher to participate in the interview. The first three eligible respondents to contact this researcher were accepted for the interview. Interviews were conducted in-person and were audio taped for transcription. This researcher completed the transcriptions. The location for the interviews was in the Presidio, San Francisco CA, at this researcher's field placement's private office.

#### *Data Collection*

There were minimal risks for participating in this study. There was the possibility that participants could experience emotional distress while reflecting on their personal account of the pre-and post-disclosure period of their child's coming out. Participants could experience discomfort during the survey and/or the interview in sharing their narrative that may include negative feelings or thoughts towards their child. No identifiable information, besides demographic data, was solicited from the participants, with the exception of the three interview participants. Survey participants' individual responses and identities were kept anonymous. The data collected through the interviews was confidential and the identity of the interview participants also remains confidential.



There were two consent forms, one for participants for the on-line survey and an additional consent form for interview participants, which were provided to them at the time of the interview. Survey Monkey participants indicated they had read and agreed to the terms of the consent form by clicking the “yes I agree” option, which then allowed them to proceed onto taking the survey. Participants could withdraw from the survey at any point during the process but once it was submitted, participants were not able to do so because this researcher would not be able to identify their survey from the others in order to withdraw it. This procedure is explained in the letter of consent (See **Appendix B**).

Interview participants received a second consent form in person before the beginning of the interview. This researcher provided the interview participants two consent forms to sign at the time of the interview, a signed copy for the interviewee and for this researcher. Participants were given until March 31, 2009 to withdraw from the study. This procedure is explained in the letter of consent (See **Appendix C**).

Interview participants’ responses and identities were confidential. This researcher listened to the audiotape of the interviews privately and completed transcriptions. Confidentiality was ensured based on the private interview location. The researcher’s MSW thesis research advisor had access to the data findings only after identifying information was disguised. A general summary of the findings will be presented for the researcher’s MSW thesis dissemination. For the researcher’s thesis dissemination, pertinent quoted comments or vignettes may be presented, however the identity of participants will be disguised. Participants will be identified only as “participant A, B, C...” etc. Data will be stored in a locked file for a minimum of three years as required by

Federal regulations. After the three years, data will be destroyed or will continue to be kept secure if needed, for an extended period.

Participants were asked to complete a qualitative on-line survey through “Survey Monkey” and an optional opportunity to participate in a flexible method interview to further enrich their answers via survey questions. If a participant chose to volunteer to participate in the interview, the participant was asked to contact this researcher by phone or email and this researcher’s contact information was given at the end of the on-line survey. This researcher then contacted potential interview participants via phone and/or email to set up an interview date and time.

The survey participants were asked to provide 13 answers to demographic data questions related to age, race/ ethnicity, geographic location, relationship status, gender, sexual orientation, religious affiliation, number of children, birth order of child who identifies as LGB, and how many children identify as LGB. For participants with more than one LGB identified child, they were asked to choose one child to base their answer responses. The retrospective on-line survey was comprised of three sections, both narrative questions and “check all that apply,” that were related to the time periods of parents’ knowledge of their child’s LGB identity: pre-disclosure period, disclosure period, and post-disclosure. The pre-disclosure questions assessed if they had prior relationships with anyone LGB, what their existing attitudes regarding LGB sexuality were, how these attitudes were shaped, if they suspected their child was LGB, describe parent-child relationship, and if they have ever attended a form of psychotherapy or counseling. Disclosure period questions asked at what age the child came “out,” what the length of time it had been that their child has been “out,” and the communication method

the child chose to disclose to them, such as by phone or in person. Lastly, post-disclosure questions explored how the discovery of their child's sexuality has impacted them, if and how it affected their parent-child relationship, if psychotherapy/counseling was sought, the range of emotions they experienced from the disclosure period to present day, current attitudes regarding LGB identities, what has shaped their attitudes, and what has been most helpful in adjusting to their child's sexual orientation. The parent was also asked if they were to befriend a parent whose child just disclosed they were LGB, what advice they would offer this parent. Depending on the depth of participants' responses, the survey took participants approximately 15 minutes to 1 hour to complete.

Interview questions were flexible in design and focused on the participant's retrospective account and current narratives of their adjustment to their child's sexuality and their relationship dynamic with their child. The seven interview questions asked about: age of child when he or she came out and how they identified their sexual orientation; the length of time since their child disclosed their sexual identity to them as well as their initial reaction; if and how the child's "coming out" shifted family dynamics; if their relationship with their child was affected; milestones that may have influenced and/or shifted parents feelings and reactions about their child's sexuality; and if they have been able to identify parts of their identity that may have been affected or changed by becoming aware of their child who now identified as LGB. The 3 interviews took approximately 25 minutes each to conduct.

#### *Data Analysis*

Interview and survey data were analyzed as two separate sets of data and both were analyzed for thematic similarities and trends. The narrative responses from both

survey and interview participants were strikingly similar. I determined the trends by extracting themes to each question and then tallied the number of participants who responded similarly. The commonalities among participants were positive. The majority of participants reported a range of emotions in response to their child's coming out and most were overwhelmingly loving and accepting of their child, their child's significant other, and their general views and attitudes regarding homosexuality. The findings were surprising to me, as I was not suspecting such positive, accepting, and loving narratives to emerge from the study. A portion of the sample pool were members from San Francisco's and Greater Boston Area's Parents, Families and Friends of Lesbians and Gays (PFLAG), a support group that is known for education/outreach, acceptance, and support. A limitation to the study would be the homogenous pool of participants; the data may have had different results if the sample pool included parents from different regions of the country and who are not involved with the support group.

## CHAPTER IV

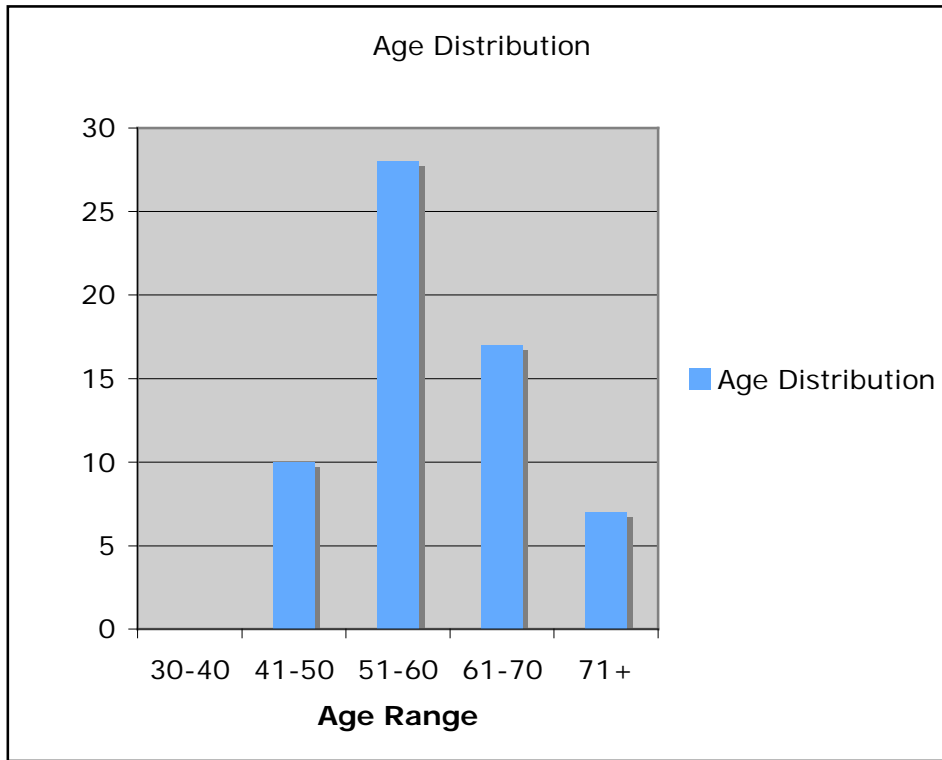
### FINDINGS

This study asked the following question: How do parents adjust to the disclosure of their child's lesbian, gay, or bisexual identity? The survey and interview findings are presented as separate data sources. The survey and interviews were structured according to a sequential time period of parents' awareness of their child's sexual orientation. Parents were asked for a retrospective account of their attitudes, feelings, and impact in the different time periods related to their child's disclosure of their LGB identity. The three time periods included: pre-disclosure period, disclosure period, and post-disclosure period.

#### *Demographics*

There were 61 survey respondents of which 10 respondents were between 41-50 years old, 28 respondents were between 51-60 years old, 17 respondents were between 61-70 years old, and 7 respondents were in the 71+ age range.

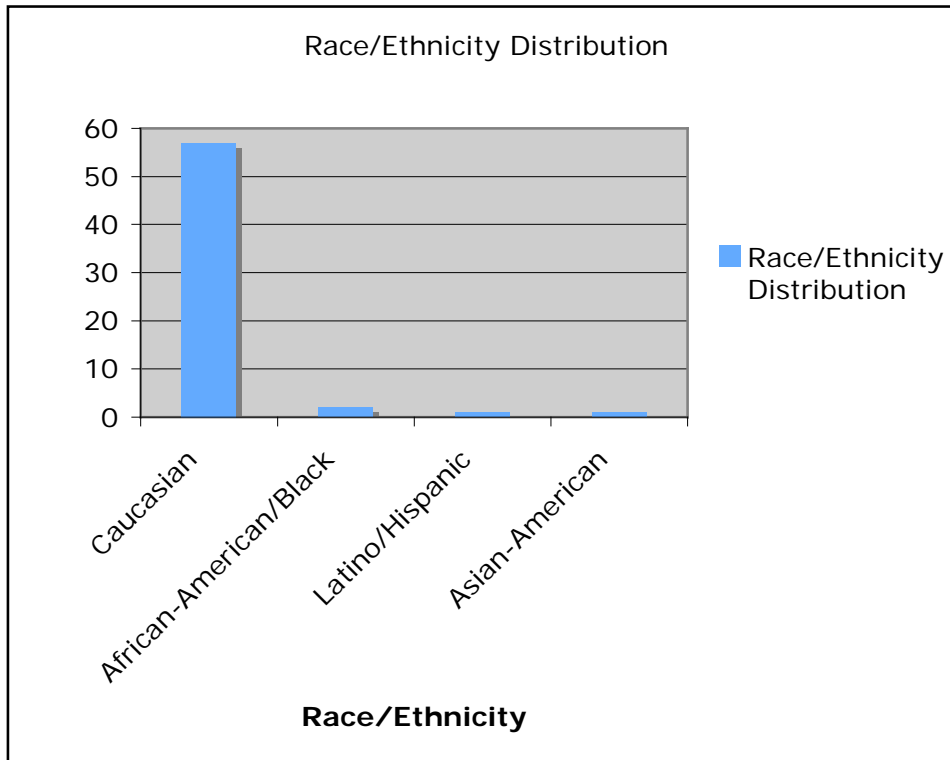
Figure 1.



Of the 61 respondents, the majority of participants identified their gender as female (n=52) and (n=9) identified their gender as male. There were no transgender participants in this study. Of the 61 respondents (n=59), identified their sexual orientation as heterosexual, while (n=1) identified as lesbian and (n=1, female) as bisexual.

Fifty-seven of the participants identified their race/ethnicity as Caucasian, while a minority of participants were people of color: African-American/Black (n=2), Latino/Hispanic (n=1), and Asian-American (n=1).

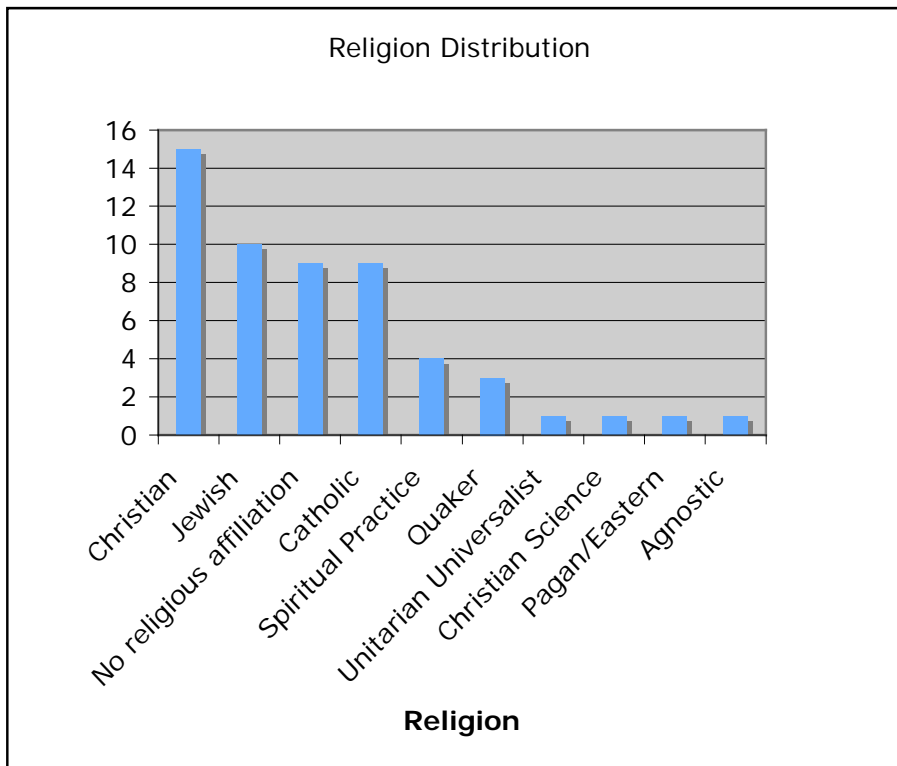
Figure 2.



Relationship status was broken up into 5 categories. Of the 61 participants, 57 responded to the relationship status question. The majority of respondents were married (n=42), followed by single (n=10), in a committed relationship/cohabitating (n=4), divorced (n=3), and widowed (n=3).

Of the 61 participants, 54 respondents identified their religion. The largest number of respondents were Christian (n=15), followed by Jewish (n=10), no identification with a religion or religious practice (n=9), Catholic (n=9), Spiritual practice (n=4), Quaker (n=3), Unitarian Universalist (n=1), Pagan/Eastern (n=1), Christian Science (n=1), and Agnostic (n=1).

Figure 3.

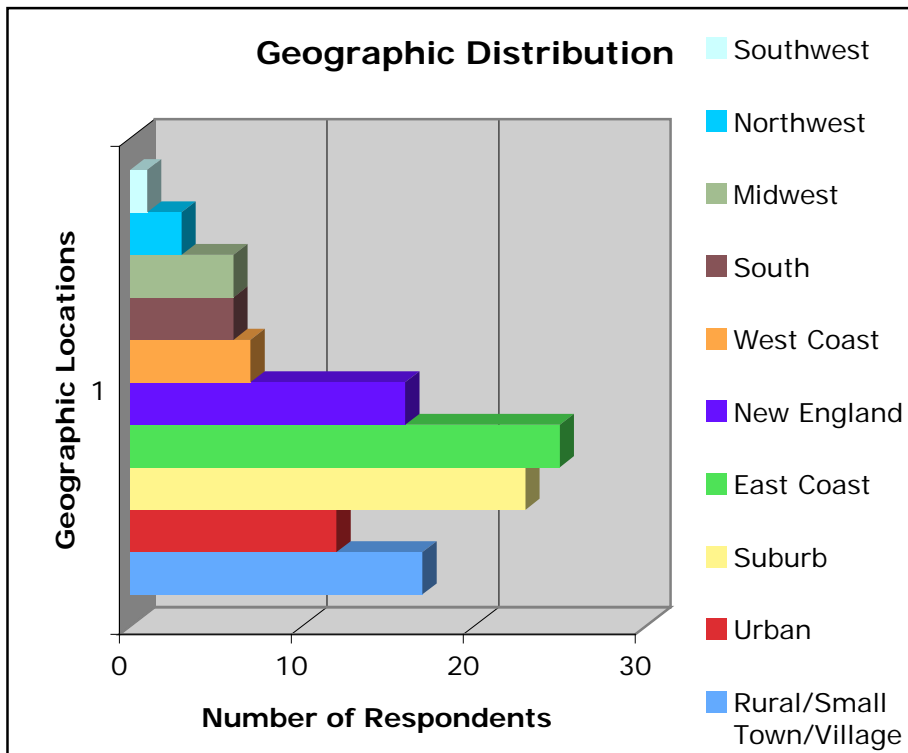


Of the 61 participants, 60 participants answered the question that asked how religious they would describe themselves. A majority of respondents rated themselves as moderately religious (n=34), followed by: not at all religious (n=16), and very religious (n=10).

Sixty of the 61 participants responded to the question related to their geographic location. A majority of respondents were from the east coast (n=25), with the remainder as follows: New England (n=16), West Coast (n=7), South (n=6), Midwest (n=6), Northwest (n=3), and Southwest (1). A majority of respondents live in the suburbs (n=23), rural/small town/village (n=17), and least number live in an urban area (n=12).



Figure 4.



Twenty-eight of the participants answered they have 2 children, 16 participants have 3 children, 8 participants have 4 children, 7 participants have 1 child, 3 participants have 5+ children. Fifty-five participants have 1 child who identifies as LGB and 5 participants have 2 children who identify as LGB. Forty-eight of the participants LGB children are female and 15 participants LGB children are male. No parent identified their child as transgender, however in the survey, a parent noted that after 13+ years of their child identifying as a lesbian female, her child recently transitioned into a female-to-male transgender person. Although parents were asked to answer questions related to one of their LGB children, a couple participants answered for both of their children who are LGB. Therefore, of the 61 participants, 59 responded to this question, however the “n” is +5 because of their response to both children. Thirty-seven participants have a child who

identifies as lesbian, 21 participants have a child who identifies as gay, 4 participants have a child who identifies as bisexual, and 1 participant has a child who identifies as queer. The mean age that children disclosed to their parents was 21 years old and the mean length of time that parents' children have been "out" to them is 8 years. A majority of parents were told by their child in person they were LGB (n=41).

#### *Parents Attitudes Regarding Lesbian, Gay, and Bisexual Sexual Identities*

Survey participants were asked to answer 19 questions related to their experience of their child's sexual orientation before, during, and after their child disclosed their sexuality to the parent participant. Four of the 19 questions asked parents to reflect on their attitudes regarding LGB sexual identities and ways in which their attitudes have been shaped, both pre and post their child's disclosure of their sexual orientation. The first question asked parents: Prior to your child's "coming out," what were your attitudes regarding lesbian, gay, and bisexual sexual identities? Of the 61 participants, 59 responded to the question. Twenty-three respondents were accepting and open-minded, 21 respondents held homophobic attitudes and/or prejudice beliefs, 11 respondents felt that being LGB was biological, and 8 respondents were tolerant of LGB individuals. For example, participants stated the following anecdotal quotes:

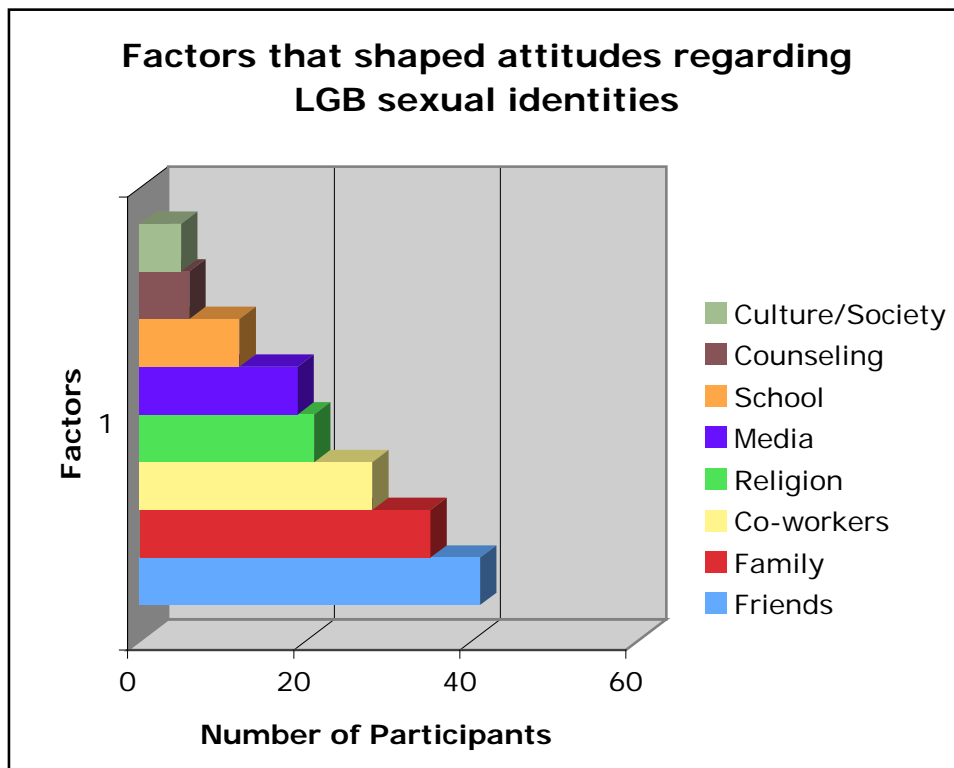
Each person is a person with a beautiful heart. That's all I really am aware of first and foremost. Gender comes second for me.

Since I didn't know any healthy, successful gay people, I assumed that homosexuality was a pathology, and that homosexuals were unhappy, and frightened. I thought it was a biological and psychological condition of disease and that precious little treatment had been successful. I hoped that it would not strike my family, just as I hoped we could be spared from any devastating condition or illness. I did not think it was a "choice."

I felt that sexual orientation was predetermined and was simply part of who that person is. I equated sexual orientation to race or religion or ethnicity - it is who that person happens to be.

Fifty-one respondents answered the question that asked respondents to check off and fill in the factors shaped their attitudes regarding LGB sexual identities, prior to the knowledge their child was LGB. The following are the main factors indicated by the findings: Friends (n=41), Family (n=35), Co-workers (n=28), Religion (n=21), Media (n=19), School (n=12), Counseling (n=6), and Culture/Society (n=5).

Figure 5.



Participants answered two post-disclosure questions regarding attitudes about LGB sexual identities in order to compare how their attitudes shifted once their child disclosed they were LGB. The major findings suggest that parents' attitudes are dynamic, composed of acceptance, love, concern for their child's safety because of homophobia,

and hopefulness for their child's happiness. Fifty participants have a positive stance, noting for instance that they are happy because their child is happy, they have admiration and pride for their child's courage, they are accepting, and their love for their child has strengthened post-disclosure. Eleven participants are in emotional pain and are struggling with their child's sexuality and gender expression, and 8 participants expressed feelings of pain, struggle and/or difficulty with their child's LGB identity and gender expression.

For example, participants stated the following anecdotal quotes:

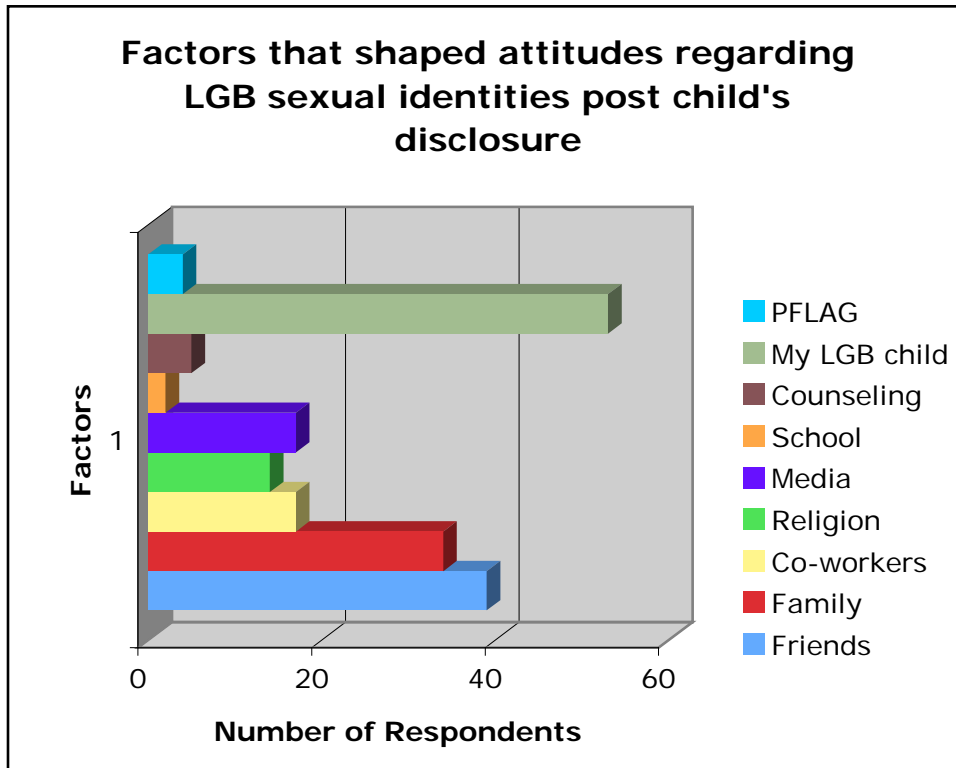
I am very proud of my gay son. He is a wonderful human being and one of the most compassionate people I know. He never judges anyone and accepts everyone. To know him is to love him. I just want him to be happy and now that he has come out and his entire family accepts him, he is extremely happy and content and most importantly, he is comfortable with himself.

I am comfortable with it. I have not told many people but hopefully that will come with more time...I think her being a lesbian was difficult at first but I began to understand her and what being a lesbian was. The thing that is hard for me now is that she is looking like a man. Some days I just want my daughter back.

She is a strong person and I hope society does not try and shut her out or down. I know if she stays focused on her goals and dreams she will be fine...

Fifty-six respondents' attitudes regarding LGB sexual identities are currently most influenced by the following factors: their LGB child (n=53), Friends (n=39), Family (n=34), Media (n=17), Co-Workers (n=17), Religion (n=14), Counseling (n=5), PFLAG and LGBT literature (n=4), and School (n=2).

Figure 6.



*Impact on the Self and Parent-Child Relationship*

Participants were asked to answer two narrative questions related to their relationship with their child, pre and post their child's disclosure of their LGB identity and one "check off all that apply" question that asked if the participant had relationships with anyone who identified as LGB, prior to their child's coming out. Sixty of the 61 participants responded to the question. This question yielded the following results: A majority of respondents did have relationships with an LGB person: Friend (n=42), Co-Worker (n=26), Extended Family Member (n=19), Neighbor (n=7), Teacher (n=6), and Sibling (n=2). Of the respondents, 14 participants did not have any prior relationship with anyone LGB.

The first narrative question regarding the parent-child relationship asked the following: Before your child disclosed his or her sexual identity to you, describe your relationship with him/her. The major positive themes that emerged were parents felt connected, loving, and/or (very) close to their child (n=37); parents had good and open communication (n=25); parent and child relationship included honesty (n=17); parent and child shared similar interests and were involved in one another's lives (n=15); parent and child did not commonly talk about personal and/or emotional issues with one another (n=12); and lastly parent had a difficult relationship with their child while their child was in adolescence and/or prior to their child's coming out (n=8). For example, participants stated the following anecdotal quotes

My son and I have always been very close. We have a love of learning, music, language, science, and culture. Communication has always been forthcoming, open and honest. Curiosity is encouraged and individuality respected. Conforming to others ideals has never been a priority in our family.

Our relationship has always been wonderful in most respects. We always communicated. We shared in many activities, and deep honest discussions. We talked about our true feelings toward each other and others. We had an open dialogue, and truly enjoyed each other's company. She was, and still is, a beautiful woman.

I felt that by not disclosing sooner, it placed a strain on our mother-daughter relationship. It seemed that she did not have the love and caring attitude towards me as she did when she was younger. I tried to say to myself that she was young and had many other interests that kept her busy. We seemed not to agree on just everyday subjects as we did prior to her being in her twenties.

Post-disclosure period, participants were asked the following question: How has your child's sexual identity impacted your parent-child relationship? Twenty-eight participants felt closer, more open and more trust in their relationship with their child; 25 participants felt their child's sexuality did not impact the parent-child relationship and their love for their child went unchanged; 6 participants are having difficulty adjusting

and accepting their child's sexual identity or gender expression; 5 parents are more aware of LGB issues and hold new inclusive perspectives regarding equality; and 4 participants reported their parent and child relationship is strained and they are no longer as close with their child because of their feelings regarding their child's LGB identity. For example, participants stated the following anecdotal quotes:

We are even closer, which I did not think was possible. I'm kind of a hipper mom now. We are sharing more of her music, and she is reading her poetry out loud to me. She knows that she can trust me- I will not let her down. I'm watching her blossom.

I have learned to be more sensitive to assumptions that heterosexuals make about the world so that I am more of an "anti-heterosexualist."

We are less connected, though we still are in touch. We do not feel that living an alternative lifestyle is healthy emotionally or socially...The most difficult impact is not sharing in all aspects of our daughter's life...We are not comfortable with her alternative lifestyle choice. She did not give herself the chance to really grow up before she was in the current relationship.

Fifty-seven participants responded to the narrative post-disclosure question that asked the following: "How has your child's sexual identity impacted you?" The major themes were as followed: participants became more open-minded, accepting, and less judgmental (n=16); participants became activists and/or more educated on LGBT (lesbian, gay, bisexual, and transgender) issues through personal pursuit (n=13); participants experienced grief and loss because of their child's gender expression and letting go of their visions for their child to have a traditional life and a heterosexual marriage (n=10); participants experienced emotional pain and difficulty (n=9); participants experienced no personal impact (n=8); the love and pride participants have for their child continues to grow and strengthen (n=8); participants are more concerned for their child's well-being (n=7); and participants feel part of a new community of LGB

individuals through their children's friends and through support groups (n=4). For example, participants stated the following anecdotal quotes:

I feel like I belong to one more group of people than I used to. I feel proud, curious, concerned. I feel more like working for social change. I've had to defend her and myself to some members of the extended family. I've had to open my mind to include more possibilities. I don't make assumptions about people as easily. I feel honored that she has shared this much about herself with me, this early in her life.

I am very proud of my daughter's accomplishments and her caring ways with children but am ashamed to admit that her very masculine appearance is sometimes hard for me to see. I feel jealous of my friends' children that look more mainstream. This is the only negative way that I am impacted by her sexual identity.

I don't feel any pleasure or pride with regards to my child's sexual identity. Sometimes I blame myself and ask myself what I did wrong. It is painful and shameful to me.

I now have a lot more extended family children, and the majority of them are gay or lesbian. I cherish and love unconditionally all of them.

#### *Disclosure and Parents Reactions*

Parents were asked to provide retrospective and current feelings regarding their emotional reaction and response to their child's LGB coming out and identity. Fifty-nine participants responded to the first narrative question that asked the following: Describe your initial feelings and/or thoughts that you experienced in the period after your child disclosed that they are LGB. The major themes participants initially experienced included: fear and/or concern for child's future and safety and/or fearful about telling others (n=32); denial, shock and/or surprise (n=19); sadness and/or crying (n=15); love for child (n=15); proud and/or happy for child (n=10); loss and/or grief (n=9); relief (n=8); parent faulting and/or blaming self (n=4); isolation (n=2) and confusion (n=2). For example, participants stated the following anecdotal quotes:



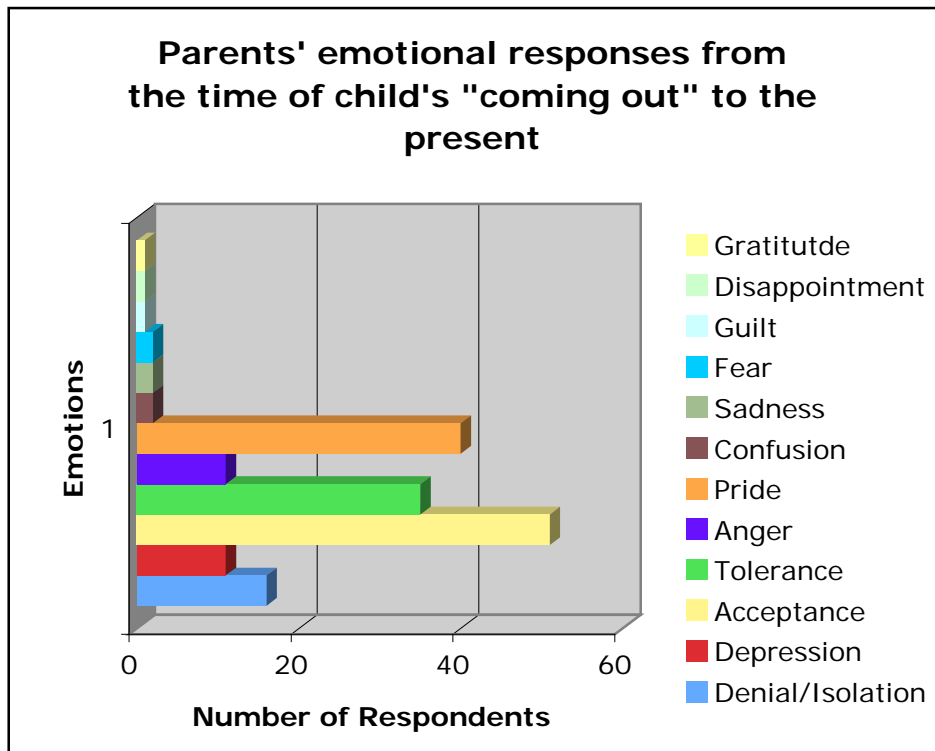
I was happy that she felt able to tell me and tell me in person; relieved that she was out; apprehensive for her for the negative reactions she would experience; pleased that she lives in an area and state with greater acceptance than most others; sad that she'd been struggling with her sexuality for some time.

At first it was difficult for me to accept. I felt a sense of sadness. I had believed that my child could find happiness in a heterosexual relationship. I wanted my child to find happiness. I knew that society makes life more difficult for people who identify as LGB. I wanted my child to take the time to process her feelings about her sexual identity. I wanted my daughter to know that I loved her no matter what.

Love for my child. I felt fearful that he would face discrimination in school, society, the work place and his career. I felt fear regarding HIV. I felt sadness that he might not ever have children. I felt happy that he was able to share that he was gay and therefore could be his whole self.

Participants were asked a second question that asked them to reflect on their emotional experience from the point their child first disclosed their LBG identity to the present day in order to see if there was variance in their reaction from the point of disclosure to the present day. Participants were asked to check all the boxes that apply and then had the choice to fill in other emotional experiences in a dialogue box. The six emotions/responses they could check off were: denial/isolation, depression, acceptance, tolerance, anger, and pride. Of the 61 participants, 57 responded to this question. Participants indicated the following: denial/isolation (n=16), depression (n=11), acceptance (n=51), tolerance (n=35), anger (n=11), and pride (n=40). Additional reactions/responses participants (n=16) included were: confusion (n=2), sadness (n=2), fear (n=2) guilt (n=1), disappointment (n=1), and gratitude (n=1).

Figure 7.

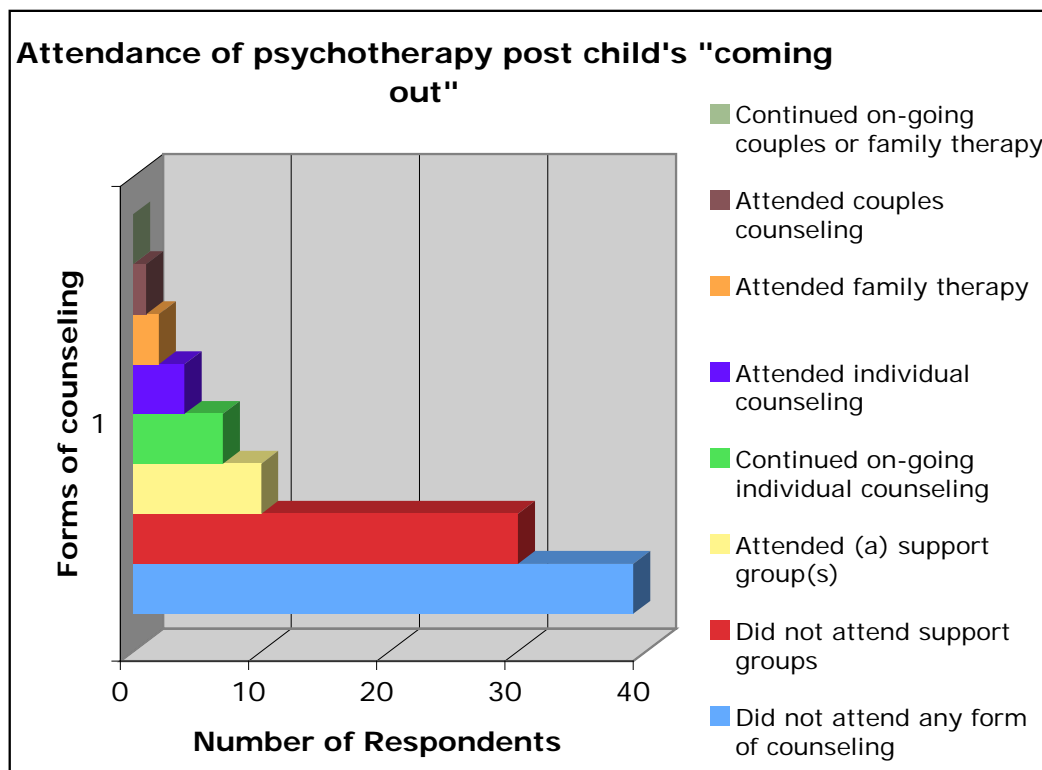


*Counseling and Adjustment*

One question pre-disclosure period and two questions post-disclosure period were designed to assess the usage and helpfulness of therapy/counseling. Fifty-five participants responded to the first question assessing their use of individual, couples, and family therapy prior to their child's coming out. Twenty-eight respondents had been in individual therapy/counseling; 20 respondents never attended any form of therapy/counseling; 19 respondents had been in couples therapy/counseling with their spouse/partner; and 15 respondents had been in family counseling/therapy. Therefore, from this sample pool, a majority of participants have utilized a form of therapy/counseling.

Fifty-three participants responded to the question which asked if they attended a form of therapy/counseling after their child's "coming out". Thirty-nine respondents did not attend any therapy/counseling; 30 respondents did not attend any support groups; 10 respondents attended one or more support groups; 7 respondents continued their on-going individual therapy/counseling; 4 respondents attended individual therapy/counseling; 2 respondents attended family therapy/counseling; 1 respondent attended couples therapy/counseling; and zero participants continued with on-going couples or family therapy/counseling.

Figure 8.



The last question regarding the usage of counseling was a narrative question that asked participants the following: If you attended therapy/counseling, what was helpful about the treatment? The question further asked, if you did not attend therapy/counseling,

why? Of the 61 participants, 37 responded to this question. The major themes were as followed: no therapy was needed because the child's coming out was not viewed as negative (n=12); therapy was not needed because issues were resolved through communicating with the LGB child(ren), friends, and/or family members (n=8); therapy was useful because it validated feelings without judgment (n=7); therapy was used for general issues, unrelated to child's sexual orientation (n=7) and PFLAG was helpful for support, community, and education (n=4).

Minimal empirical research has focused on how parents adjust to their child's sexuality. Fifty-three participants responded to the following post-disclosure narrative inquiry: Describe what has been most helpful in adjusting to your child's LGB identity. The major themes that assisted participants' adjustment to their child's LGB identity included: support and communication with their child, friends, and/or family (n=22); observing their child's happiness and other positive changes that occurred post-disclosure for their child (n=17); literature, education, and/or attending PFLAG meetings (n=14); continued love for their child (n=8); no adjustment was necessary (n=6); passage of time (n=5), and meeting their child's LGB community of friends (n=3). For example, participants stated the following anecdotal quotes:

Seeing her blossom after recognition, getting straight A's, walking differently, becoming more confident and phenomenally capable... You can't argue with such results.

The wonderful people at PFLAG helped me adjust. Listening to their guest speakers, reading books about LGBT issues, talking to lesbian and gay co-workers, seeing movies with LGBT characters...

My acceptance is that this is still the child I gave birth to and have loved all her life. Just because her sexual orientation has changed, has not changed my feelings towards her.

### *Interview Findings*

Three in-person interviews were conducted with parents of the San Francisco, CA support group, PFLAG. Participants were asked seven questions related to their child's LGB sexual identity and the parents reactions, relationships, and personal impact. The first interviewee, "A" identified as a Caucasian female that was in the 71+ age range. She is from Northern California and currently resides in San Francisco. She has one gay child, who is male and who came out to "interviewee A" 15 years ago, when he was 23 years old. "Interviewee B" is a Caucasian female who is married to "interviewee C" a Caucasian male. They were interviewed separately. They are from Northern California and live in the Bay Area. They are both in the 41-50 age range. They have one daughter, who is an only child. She is 14 years old and identifies as a lesbian. Their daughter came out approximately 8 months ago, when she was 13 years old. Both parents and children of interviewees are out to family members, friends, and community.

Parents were asked about their initial reactions to their child's disclosure of their sexual orientation. Neither of the interviewees suspected their child was gay or lesbian, until the day of their child's disclosure. "Interviewee A" suspected her son was gay the day that his friend came over and he told "Interviewee A" that he lives in a certain area of San Francisco that is notoriously known for gay male culture. At that moment, "Interviewee A" experienced an "A-ha!" moment where she realized her son was gay. She later asked her son an open question as to whether there was something he wants to tell her. He prepared her by asking if she was ready and by saying "this is the hardest thing I will ever have to tell you." "Interviewee A" recalls the two hugging, laughing and crying with him after his disclosure. She recounts telling him that she does not want him

“on a float wearing a toot toot during the pride parade in the Castro!” She looks back at this response as her “dark side” which means she was fearful that this gender expression would shift from masculine to becoming more feminine. She did not know any gay people and wanted to learn more about “what being gay was all about.” Her son recommended she attend PFLAG meetings for community and education and she immediately contacted the support group and has been going to meetings for 15 years. Similar to “Interviewee A,” “Interviewee B” did not suspect her daughter was a lesbian until the day her child disclosed to her that she was a lesbian. Her daughter’s grades were “tanking” that year and she became more secretive and was having emotional outbursts. Unlike “Interviewee A”, “Interviewee B’s” daughter initiated the conversation, however she was so scared that she could not say the words out loud. “Interviewee B” tried to help her daughter by guessing what it could be, drugs, bad grade, and then without realizing the words that came out of her mouth, she asked if her daughter was a lesbian. “Interviewee B’s” initial reaction was one of comfort and nurturance for her daughter as her daughter was “weepy and very scared.” She then questioned and doubted her daughter’s sexual orientation because she was young and sexually inexperienced. “Interviewee C’s” initial reaction was surprise and like his wife, “Interviewee B,” was one of doubt. He felt, “It was a flavor of the month thing and not that she would get over it, but it was an ideation she had in her mind that may or may not turn out to be true...”

Participants were asked if their child’s “coming out” affected their family dynamics and ways their relationship with their child shifted. All three participants gave similar responses in which their child’s outing was a positive for the family dynamic, brought more open communication among parent-child dyad and stronger connections.

Neither sets of parents wanted to lose connection with their child or see their child upset and suffering by a fear of parental rejection. The three interviewees expressed they worked hard to connect with their child and learn about LGBT (lesbian, gay, bisexual, and transgender) issues and culture, which was the impetus for the participants to attend PFLAG meetings.

Participants were asked if they were able to identify aspects of their personal identity that have been affected or changed by having a child who is LGB. The major themes were love for their child and becoming more of an activist. “Interviewee A” experienced a positive shift, stating, “I became more lovable, more understanding and able to see a different side of people.” She became an activist by volunteering for 5 years for the AIDS cycle ride and volunteering for PFLAG community outreach events. “Interviewee B” experienced positive shifts as well. She and her daughter are both artists and looking forward to being included in a new community and excited in relation to the creativity of the culture. “Interviewee B” realized how large the capacity of heart is to love and shifted her thinking from seeing her daughter as a projection of herself, viewing her daughter as an independent individual, “I don’t own her, and that’s something hard for parents to accept, we don’t own our kids...” “Interviewee B” would like to begin a LGBT support group, similar to PFLAG, at the Catholic church she attends. She wants to create compassionate change within the systems she is connected with, rather than abandoning her beliefs and connections with her religion and church. “Interviewee C” experienced a mix of joy and grief. He is the only male in his immediate family and grieved the potential loss of not having a son-in-law. He experienced joy for the positive emotional shifts he observed in his daughter’s behavior and mood. He would like to

become involved with a San Francisco LGBT youth organization whose work incorporates helping youth who are struggling emotionally.

Lastly, participants were asked if they were able to identify certain milestones that have influenced and/or shifted their feelings/reactions about their child's sexuality. "Interviewee A" attributes her positive shift to attending PFLAG meetings: "I thought, who am I to tell my son who he can love and not love, love comes from the heart and no one could tell me who to love or not and I wouldn't listen to them anyway. PFLAG turned me 180 degrees around." "Interviewee B" was able to adjust and accept her daughter through family support and love; being open minded; sharing interest in daughter's music by lesbian artists; communication with her mother, husband, and daughter; time, and involvement with PFLAG. Lastly, "Interviewee C" identified passage of time and acknowledgment of where he is in his process towards acceptance: "I accept I wasn't real confident of the depth of her self-knowledge when she first came out. Other than that, I can't really say there was a particular milestone for me; coming to accept her self-awareness is really the bottom line."

#### *Summary*

The major findings of this exploratory study indicated that parents experienced both negative and positive reactions to the disclosure of their child's sexual orientation. The closeness of parent-child relationship, communication styles, and parents' personal attitudes regarding LGB identities prior to their child's disclosure were influential in parents' reactions and responses to their child's disclosure. The following chapter compares and contrasts these findings with the literature review presented in Chapter II.



## CHAPTER V

### DISCUSSION

The purpose of this study was to explore the following question: How do parents adjust to the disclosure of their child's lesbian, gay, or bisexual identity? There is minimal research conducted on parents' experiences, responses, and adjustment process to their child's sexual orientation. The purpose of this study was to focus on the parent of a LGB child in order to understand their reactions to their child's sexuality, their process of adjusting to their child's LGB identity, and to determine the impact it may have on the parents' relationship with their child.

#### *Findings*

The major findings from the interviews and qualitative survey showed that parents' attitudes regarding LGB identities, prior to their child's "coming out," were mixed. Overall, the parents' attitudes at this time were positive (n=23) and negative (n=21). However, following their child's disclosure, parents' attitudes shifted and a majority were positive (n=50) (see Chapter IV). Their attitudes were most influenced by their LGB child's sexual orientation (n=53). Although a majority of the participants (n=46) had relationships with LGB individuals prior to their child's coming out, the results of this study imply that it was through their desire to sustain a close relationship with their child, that participants underwent a transition of attitudes and beliefs.

Parents' relationship with their child did not shift greatly after their child disclosed their sexual orientation. Prior to their child's "coming out," a majority of

parents reported they felt connected, loving, and/or (very) close to their child (n=37) and had good and open communication (n=25). In addition, following disclosure, parents felt they had a stronger bond with more open communication with their child (n=28).

Twenty-five of the participants indicated there was no impact with their parent-child relationship, attributing this to the strength of their connection and love for one another (n=25). These findings support those family system theorists who hypothesize that levels of closeness and communication styles prior to a child's "coming out" may serve as a predictive factor in determining how parents will respond (see Chapter II). However, there were also a small number of participants (n=4) who reported having a strong relationship prior to their child's coming out, yet post-disclosure, their relationship with their child was seen as negative; these parents reported having a strained parent-child relationship after their child's "coming out." As discerned by this researcher, based on these participants' narrative responses, this may have been attributable to those parents' homophobic beliefs and attitudes regarding LGB identities.

In the literature, demographic factors such as race/ethnicity, age, geography, religion, culture, education level, income level, ideological and political leanings appear to influence parents' responses and adjustment to their child's sexual orientation. This researcher was disappointed that the sample pool was homogenously Caucasian (n=57), female (n=52), primarily from the east coast (n=32) and therefore limiting any generalizable conclusions.

Lastly, a majority of participants from the study did not seek out therapy/counseling (n=39) or support groups (n=30) to help in their process of adjusting to their child's sexual orientation. This is concurrent with the literature that indicates that

most families with a LGB child will not seek psychotherapy treatment. Of the participants who did attend therapy or support groups, their narrative responses supported the literature in that they found it helpful and useful to feel they could express themselves in a nonjudgmental and validating environment. It is possible that psychotherapists are not making themselves accessible or affordable for families who may benefit from such assistance. In addition it is also plausible that due to homophobia and a general societal stigmatization around seeking mental health treatment that some parents may fail to seek out services. These are macro-level issues that could be improved through lobbying, outreach and education, and non-discriminatory policy shifts for LGBT rights and the mental health system. Perhaps then, affordable and non-discriminatory services could be offered to LGBT individuals and their families. Additional research in this area might analyze the barriers, obstacles, and treatment LGBT individuals and their families received and/or endured in their pursuit of mental health services.

#### *Strengths and Limitations*

This flexible method study, comprised of a qualitative survey and interview, were designed to explore if and/or how participants reacted, responded, and adjusted to their child's LGB sexual orientation. The questions asked participants to retrospectively reflect and examine their past and current attitudes and beliefs regarding LGB identities, their relationship with their child pre and post child's disclosure of their sexual orientation, and how their child's LGB identity impacted and shifted their personal identity. This researcher believes that the research question and the study design provided structured questions for parents to explore and reflect on their personal experience as the parent of an LGB child. Numerous participants emailed this researcher after completing the survey

to extend their gratitude for providing a space for their personal experience and process to be revisited, explored, and heard.

Participants comprised a nonrandom purposive sample and were chosen because they are a parent whose biological, adopted, or foster child identify as LGB and their child has disclosed their sexual orientation to the participant. There were no age requirements for parent or their child. This researcher was very surprised at the overall positive responses and outlook parents have regarding their child's sexual orientation and the related nuances associated with their child's sexuality. Since there is a general lack of empirical studies conducted on the parents, this researcher believed that due to homophobia and policy discrimination involving the LGBT population in U.S. society, that the sample pool would be more conservative, less accepting, and more homophobic. Contrary to the literature, overall this sample pool was accepting, progressive, and above all, their close relationship with their child was the primary influence that led to their initial and sustained positive responses.

It is questionable whether the results of this study are reliable and generalizable to the population at large. Recruitment for the study was largely done through a snowball method and within San Francisco's and greater area Boston's PFLAG organization. Although political ideology, income level, and highest level of education were not ascertained, the homogeneity of the race, gender, and geographic location of sample pool leads this researcher to believe the sample pool was biased as being more progressive and liberal minded than the population at large. It may be helpful for future researchers to pay added attention to questions of political ideology, income level, and highest level of education. As the survey was anonymous, it is this researcher's opinion that anonymity

allowed participants the freedom of honesty without concern for judgment, thus this researcher concludes the study has strong validity.

This researcher believes that this research topic is controversial. It is possible that those who are not represented in this sample pool were not reached by this researcher's recruiting efforts for a variety of reasons. Some of these reasons appear likely to include such factors as parents who hold negative attitudes and beliefs about LGB identities; parents whose relationship with their child is estranged because of their sexuality and/or gender expression; and parents who may not have access to a computer. Additional factors may also include parents who remain in the stages of shock, denial, grief, and/or sadness and are unwilling or uninterested to explore and reflect on how they have been impacted by their child's sexual orientation.

#### *Implications for Practice and Recommendations*

Due to societal discrimination and homophobia, LGBT youth face institutional, interpersonal, and societal victimization. The need to expand and build on the research of parents, families, and children who are LGBT is necessary in order to protect, assist, and ensure healthy development and overall well-being for LGBT youth. One researcher in particular, Caitlin Ryan, has co-founded a research organization called the Family Acceptance Project (<http://familyproject.sfsu.edu/overview>), whose mission is to:

- 1) study parents', families' and caregivers' reactions and adjustment to an adolescent's coming out and LGBT identity;
- 2) develop training and assessment materials for health, mental health, and school-based providers, child welfare, juvenile justice, family service workers and community service providers on working with LGBT youth and families;
- 3) develop resources to strengthen families to support LGBT children and adolescents; and
- 4) develop a new model of family-related care to improve health and mental health outcomes for LGBT adolescents.

Ryan's research has not yet been published, however the Family Acceptance project conducted interviews, case studies, and surveyed a diverse sample pool of LGBT youth and their families. The researchers results found that LGBT youths' sexual health, HIV infection, substance use, mental health, and wellness are affected by their parents' responses. Due to this, the Family Acceptance Project plans to do the following action steps with their findings:

We are developing provider risk-resiliency assessment materials and intervention strategies, and resources to increase providers' cultural competency. And we are collaborating with community agencies to help us develop effective assessment and intervention materials that can be used to help LGBT children, youth and families in a wide range of settings. Our findings will be used to inform policy and to improve the way that systems of care address the needs of LGBT adolescents.

The Family Acceptance Project's goals are facilitating change on interpersonal and macro-levels. This researcher believes societal change needs to occur on these levels in order to support and protect LGBT individuals and their families. Ryan's study has the potential to cultivate a more non-discriminatory environment through education, national policy shifts, organizational policy shifts, and improving services and counseling for LGBT individuals and their families. This researcher believes this multi-dimensional approach could greatly influence individual and societal attitudes and beliefs regarding LGBT identities, reduce violence and hate crimes committed against LGBT individuals, and could facilitate equal rights for LGBT individuals on state and national levels.

Future research related to this study could include examining more closely the reasons why counseling or support group services are underused by parents and families, the degree of responsibility clinicians play in this discrepancy, and ways in which clinicians can improve their own clinical knowledge and accessibility. Due to the lack of

diverse sample pools within the existing research, it is important for future studies to develop strategies to recruit People of Color in order to examine how race, ethnicity, and cultural identity factors impacts' ones attitudes, relationships, and responses to their child's sexuality and to therapy/counseling. Larger sample pools are also necessary in order to generalize findings to the U.S. population. Lastly, future researchers might consider expanding the demographics of the sample pool, to include a greater diversity of race, ethnicity, gender, socioeconomic status, education levels, and geographic location.

### *Summary*

This study explored how parents adjust to their child's lesbian, gay, and bisexual identities. The results yielded from the study found parents' attitudes regarding a more positive acceptance of LGB identities positively shifted after disclosure by their child. Parents stated that by communicating with their child, reading LGBT literature and articles, learning about LGBT culture, and meeting their child's LGBT friends were pertinent influences in aiding their positive emotional responses and overall positive adjustment to their child's sexual orientation.

Parents experienced a range of emotional responses from the time of their child's disclosure to the present. Overall, parents' were able to adjust from the feelings of sadness and grief to become accepting, proud, and tolerant of their child. None of the participants reported reacting emotionally, physically, or verbally abusive towards their child. There were participants who appeared to be struggling with accepting their child's sexual orientation and/or their gender expression, for those whose child's gender expression is non-traditional to societal gender roles.

This researcher does not believe this sample pool is representative of all parents of LGB children. However the results of this study may serve as a hopeful indicator that there are many parents who will not necessarily reject or abandon their LGB child. There appears to be many such parents who desire to have a connection and close relationship with their child, regardless of their sexuality. It is this researcher's hope that parents who learn of their child's sexual identity will choose the route of personal examination of their beliefs, attitudes, fears, and relationships to be able to become more open, accepting, and proud of their child.



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## Appendix A

### Recruitment Flier

#### **Voices from the parents of lesbian, gay, or bisexual children: How do parents adjust to their child's lesbian, gay, or bisexual identity?**

##### **Volunteers Wanted for Research Study**

◆ Are you a parent of a child who identifies as a lesbian, gay, or bisexual (LGB) and your child has disclosed their sexuality to you?

**If YES, then you are qualified to participate in my online research survey, designed to understand parents' process of adjusting to their child's LGB identity.**

- ◆ The purpose of this study is to examine the following:
  - what was your initial response to your child's LGB identity disclosure?
  - how did your relationship to your child change?
  - how have you been impacted after your child told you that they were LGB?
- ◆ Survey participants' identity and responses are anonymous.
- ◆ The survey will take approximately 25 minutes to complete.
- ◆ This survey is to be used for my Master's thesis, as part of my school's graduation requirements for my degree in Clinical Social Work from Smith College School for Social Work graduate program.

To take the survey, go to this link: [www.howparentsadjust.com](http://www.howparentsadjust.com)

For more information, contact this researcher at: [jgoldste@email.smith.edu](mailto:jgoldste@email.smith.edu) or xxx-xxx-xxx.

## Appendix B

### Online Survey Consent Form

Dear Potential Research Participant:

My name is Jillian Goldstein. I am a student at the Smith College School for Social Work Masters Program and am a hopeful graduate for the class of 2009. Thank you in advance for taking the time to participate in my online survey! The purpose of my study is to better understand how parents' of a lesbian, gay, or bisexual (LGB) identified child adjust to their child's sexuality. The survey questions are designed to understand your perspective and process in how you adjusted to your child's LGB identity and in what ways, your relationship with your child may have shifted after they disclosed their sexuality to you.. The data collected may possibly be used in a presentation to disseminate my thesis to the Smith College community.

In order to qualify to be in this study, I ask that you meet the following criteria: 1) you are a parent whose biological, adopted, or foster child identify as LGB, 2) your child has disclosed their LGB sexual orientation to you, and 3) you are able to read and write in English, the only language used by this researcher. If you suspect that your child is LGB, but your child has not personally discussed this with you, you are not eligible to participate in this study. The survey will take approximately 25 minutes to complete.

For many families, a child's "coming out" can be a difficult time. It is possible that during the survey, you may experience emotional discomfort. A list of referrals can be downloaded from this website if you would like additional support or information.

Your responses will be helpful for clinicians who are working with LGB families and to other parents who are facing similar issues. There will be no compensation for participation.

Your survey responses and personal identity will be anonymous. My thesis research advisor will have access to the survey data. A general summary of the findings may be used for presentation among the Smith College School for Social Work community, for my MSW thesis dissemination and for publication. All data will be stored in a locked file for a minimum of three years as required by Federal regulations. After the three years, data will be destroyed or will continue to be kept secure if needed, for an extended period.

Your participation in this study is voluntary and you can refuse to answer any question. Once you have submitted your survey, withdrawal is not possible because the survey is anonymous. Should you have any questions or concerns about your rights or about any aspect of this study, please contact me at: [jgoldste@email.smith.edu](mailto:jgoldste@email.smith.edu) and (xxx) xxx-xxxx or the Chair of the Smith College School for Social Work Human Subjects Review committee at (413) 585 – 7974.

BY CLICKING "I CONSENT" INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

---

I CONSENT

I DO NOT CONSENT

---

DATE

DATE

## Appendix C

### Interview Consent Form

Dear Potential Research Participant:

My name is Jillian Goldstein. I am a student at the Smith College School for Social Work Masters Program and am a hopeful graduate for the class of 2009. I would greatly appreciate the opportunity to interview you for my thesis research that focuses on how parents who have a child that is a lesbian, gay, or bisexual (LGB) adjusted to their child's sexuality. The interview questions will serve to further explore how you were impacted by your child's "coming out" and in what ways your relationship with your child has shifted after they disclosed their sexuality to you. The data collected may possibly be used in a presentation to disseminate my thesis to the Smith College community.

In order to qualify to be in this study, I ask that you meet the following criteria: 1) you are a parent whose biological, adopted, or foster child identify as LGB, 2) your child has disclosed their LGB sexual orientation to you, and 3) you speak and understand English, the only language spoken by this researcher. If you suspect that your child is LGB, but your child has not personally discussed this with you, you are not eligible to participate. The interviews will be conducted in-person, and will last between 30 minutes to one hour. Your identity and interview responses will be kept confidential. Interviews will take place at the San Francisco Psychotherapy Research Group's counseling clinic, in the Presidio, CA. Strict confidentiality will be maintained, as consistent with federal regulations and the mandates of the social work profession. I will be the only person to listen and transcribe the audio-taped interview, and will do so privately.

For many families, a child's "coming out" can be a difficult time. It is possible that during the interview, you may experience emotional discomfort. You may refuse to answer any interview questions. A list of referrals can be downloaded from this website if you would like additional support or information.

Your interview responses will be helpful for clinicians who are working with LGB families and to other parents who are facing similar issues. There will be no compensation for participation.

Your personal identity will be kept confidential. My thesis research advisor will have access to the data findings only after your identifying information has been disguised. A general summary of the findings may be used for presentation and publication. If a quote or vignette is used from your interview, your identity will be carefully disguised. All data will be stored in a locked file for a minimum of three years as required by Federal regulations. After the three years, data will be destroyed or will continue to be kept secure if needed, for an extended period.

Your participation in this study is voluntary. You may withdraw from the study no later than March 31, 2009. Should you decide to withdraw, please contact me directly by email and/or phone, which are listed below. All materials pertaining to you will be destroyed at the time of withdrawal. If you have any questions or concerns about your rights or about any aspect of this study, please contact me at: [jgoldste@email.smith.edu](mailto:jgoldste@email.smith.edu) and (xxx) xxx-xxxx, or the Chair of the Smith College School for Social Work Human Subjects Review committee at (413) 585 – 7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

---

SIGNATURE OF PARTICIPANT

SIGNATURE OF RESEARCHER

---

DATE

DATE



Appendix D

Online Survey Questionnaire

**Thank you for taking the time to fill out my survey! The survey questions are intended to understand how you adjusted to your child's lesbian, gay, or bisexual identity. As a reminder, your responses and identity are anonymous. Please take the time to respond to *all* questions as best as you can, however you can refuse to answer any question.**

**Page #1 Demographic information: Check off responses and fill in as needed.**

Gender: Male\_\_\_Female\_\_\_Transgender

Sexual Orientation: Heterosexual\_\_\_Lesbian\_\_\_Gay\_\_\_Bisexual\_\_\_

Age: \_\_\_29 and under;\_\_\_30 – 40;\_\_\_41 – 50;\_\_\_51 – 60;\_\_\_61-70;\_\_\_71+

Race/Ethnicity:

Caucasian/White:\_\_\_

African-American/Black:\_\_\_

Latino/Hispanic:\_\_\_

Asian-American:\_\_\_

Pacific Islander:\_\_\_

Native American:\_\_\_

(Fill in) Other:\_\_\_

Relationship status: Single\_\_\_\_; Married\_\_\_\_; Widowed\_\_\_\_; In a committed relationship\_\_\_\_; Co-habiting\_\_\_\_; (fill in) Other \_\_\_\_

(Fill in) Religion\_\_\_\_\_

Would you describe yourself as a religious person? Very\_\_\_\_; Moderate\_\_\_\_; Not at all\_\_\_\_

Geographic Location:

Rural/Small Town/Village\_\_\_\_; Suburbs\_\_\_\_; Urban\_\_\_\_

New England\_\_\_\_; East Coast\_\_\_\_; South\_\_\_\_; Midwest\_\_\_\_; Southwest\_\_\_\_;

Northwest\_\_\_\_;

West Coast\_\_\_\_.

Number of children: 1\_\_\_\_; 2\_\_\_\_; 3\_\_\_\_; 4\_\_\_\_; 5 +\_\_\_\_

Number of your children that identify as lesbian, gay, and bisexual 1\_\_\_\_; 2\_\_\_\_; 3+\_\_\_\_

Gender of child that identifies as LGB: Male\_\_\_\_;Female\_\_\_\_; Transgender

Does your child identify as lesbian \_\_\_\_; gay\_\_\_\_; bisexual\_\_\_\_; other\_\_\_\_?

Birth order of your child who identifies as LGB: Oldest\_\_\_\_; Middle\_\_\_\_; Youngest\_\_\_\_

**Page #2 Please consider the following questions, #1-6, in relation to the period before your child disclosed their LGB identity to you. If you have more than one child who identifies as LGB, please think of the child whose sexual orientation disclosure has had the greatest impact on you. Thank you!**

1. Prior to your child's disclosure of his/her LGB identity, did you have any prior relationships with anyone LGB? Yes \_\_\_\_ No \_\_\_\_

If yes, check all that apply:

Neighbor\_\_\_\_

Friend\_\_\_\_

Sibling\_\_\_\_

Parent\_\_\_\_

Extended Family Member\_\_\_\_

Teacher\_\_\_\_

Co-Worker\_\_\_\_

(Optional Fill in) Other\_\_\_\_

2. (Dialogue box) Prior to your child's disclosure, what were your attitudes regarding lesbian, gay, and bisexual sexual identities?

3. What shaped your attitudes regarding lesbian, gay, and bisexual identities? Check all that apply:

Religion\_\_\_\_

Family\_\_\_\_

School\_\_\_\_

Media\_\_\_\_

Friends\_\_\_\_

Co-workers\_\_\_\_

Counseling\_\_\_\_

(Optional Fill in) Other: \_\_\_\_

4. Before your child disclosed their LGB sexual orientation to you, did you suspect that they were LGB? Yes\_\_\_\_No\_\_\_\_

5. Dialogue Box: Before your child disclosed his/her sexual identity to you, describe your relationship with him/her? E.g.: communication, honesty, shared activities or interests etc.

6. Check all that apply:

I have never attended any form of psychotherapy/counseling\_\_\_\_

I had been in individual counseling prior to my child's coming out\_\_\_\_

I had been in couples counseling with my spouse/partner prior to my child's coming out\_\_\_\_

My family and I had been in family counseling prior to my child's coming out\_\_\_\_

**Page #3 Please consider the following questions, #7-10 in relation to the period when your child disclosed that they were LGB.**

7. (Fill in): How old was your child when they disclosed their sexuality to you?

8. (Fill in): It has been # years; # months; # weeks since my child disclosed their sexuality to me.

9. Check all that apply:

My child told me he/she was lesbian, gay, or bisexual through:

email\_\_\_

letter\_\_\_

telephone\_\_\_

in person\_\_\_

(fill in) other:\_\_\_\_\_

10. (Dialogue box) To the best of your ability, please describe your initial feelings and/or thoughts that you experienced in the period after your child disclosed that they are LGB:

**Page #4 Please consider the following questions, #11- 19, in relation to the period after your child disclosed they are LGB to the present day.**

11: (Dialogue Box): How has your child's sexual identity impacted you?

12: (Dialogue Box): How has your child's sexual identity impacted your parent-child relationship?

13. After your child disclosed their LGB identity, check all that apply that relate to your experience of your child's disclosure, from the day you were told to the present:

denial/isolation\_\_\_

depression\_\_\_

acceptance\_\_\_

tolerance\_\_\_

anger\_\_\_

pride\_\_\_

(Optional Fill in) Other:\_\_\_\_\_

14. (Dialogue box) What are your current feelings and/or thoughts regarding your child's lesbian, gay, and bisexual identity?

15. Which factors shape your current attitudes regarding lesbian, gay, and bisexual identities, check all that apply:

Religion\_\_\_

Family\_\_\_\_  
School\_\_\_\_  
Media\_\_\_\_  
Friends\_\_\_\_  
Co-workers\_\_\_\_  
Counseling\_\_\_\_  
(Optional Fill in) Other: \_\_\_\_\_

16. Check all that apply: Post disclosure, I...  
did not attend counseling\_\_  
did not attend any support groups\_\_\_\_  
attended (a) support group(s)\_\_\_\_  
attended individual counseling\_\_\_\_  
continued my on-going individual counseling\_\_\_\_  
attended family therapy\_\_\_\_  
continued my on-going family therapy\_\_\_\_  
attended couples counseling\_\_\_\_  
continued my on-going couples counseling\_\_\_\_

17. (Dialogue box) If you attended counseling, what was helpful about the treatment? If you did not attend counseling, why?

18. (Dialogue box): Please describe the ways in which you have found most helpful in adjusting to your child's lesbian, gay, or bisexual sexual identity?

19. (Dialogue Box): If you were to befriend another parent who was recently told by their child that he/she is lesbian, gay, or bisexual, what suggestions or advice would you offer to the parent?

If you are in the San Francisco Bay Area and would like to speak further about your responses, I would greatly appreciate your participation in a supplemental interview to further explore your process in adjusting to your child's LGB sexuality. Please contact me by email at: [jgoldste@email.smith.edu](mailto:jgoldste@email.smith.edu) or by telephone: (xxx) xxx-xxxx as soon as possible to set up a time to meet. The first three eligible respondents will be chosen to participate.

**THANK YOU FOR YOUR PARTICIPATION!**

## Appendix E

### Interview Guide

#### **Interview Guide**

- 1) How does your child identify their sexuality?
- 2) a. How old was your child when they disclosed their sexuality to you?  
b. How long ago did your child come out to you?  
c. Who is your child “out” to in your family?
- 3) a. What was your initial reaction?  
b. did you suspect they were LGB?
- 4) a. Did your child’s “coming out” affect your family dynamic?  
b. How so?
- 5) Can you identify certain milestones that have influenced and/or shifted your feelings/reactions about your child’s sexuality?
- 6) Can you identify ways your relationship with your child has shifted after they disclosed they were LGB to you?
- 7) Can you identify parts of yourself that have been affected or changed by having a child who is LGB?

## Appendix F

### Human Subjects Review Application

#### **Human Subjects Review Application**

January 6, 2009

Applicant's Name: Jillian Goldstein

Project Title: Voices from the parents' of lesbian, gay, or bisexual children: How do parents adjust to their child's lesbian, gay, or bisexual identity?

Contact Address: xxxx

Contact Phone: xxx-xxx-xxxx

Contact E-mail Address: [jgoldste@email.smith.edu](mailto:jgoldste@email.smith.edu)

#### **Project Purpose and Design**

This project is an exploratory study designed to explore how parents adjusted to their child's lesbian, gay, or bisexual (LGB) identity. Majority of data on parental reactions to their child's LGB identity has been collected from the LGB child – their perception of their parents' emotional experience to their sexuality (D'Augelli, 2006). The purpose of this study is to focus on the parent directly in order to understand their reactions to their child's sexuality, their process of adjusting to their child's LGB identity, and to determine the impact it may have on the parents' relationship with their child. The primary survey questions will be, disseminated through "Survey Monkey", an on-line resource. In addition, three survey respondents will be asked to independently participate in a post-survey interview. The goal of the study and related survey questions are constructed to gain insight into the reactions among parent-participants in relation to their child's disclosure of their LBG sexual identity. The questions are designed to explore if and/or how their child's sexual orientation has changed the parent/child relationship dynamic; if their child's LGB identity prompted an examination of aspects of their personal identity (such as parenting styles, attachments, values, beliefs, politics and internalized homophobia); and if and/or how the parent disclosed to their cohorts (social and professional spheres) that they are a parent of an LGB child. The study's intent is to examine to what extent these parents' personal identity was altered after their child openly identified as LGB.

The findings of this study will be useful for clinicians who are working with LGB families and to other parents who are facing this issue. Data from the study will be used for the researcher's MSW thesis and possible presentation and publication.

#### **The Characteristics of the Participants**

The participants will comprise a nonrandom purposive sample of 35 participants chosen because they are a parent whose biological, adopted, or foster child identify as LGB and

their child has disclosed their sexual orientation to the participant. There are no age requirements for parent or their child. Exclusion criteria will include those potential participants who suspect that their child is LGB, but their child has not directly disclosed their LGB sexual orientation to the participant. The participant will need to be able to read English in order to complete the survey. The 3 interview participants will need to be conversant in English (the language used by the researcher).

### **The Recruitment Process**

Recruitment for the on-line survey will be sought by contacting organizations and agencies that work with the LGB community, specifically, Parents, Families and Friends of Lesbian and Gays (PFLAG); internet postings through Myspace.com and Craigslist.org; fliers distributed at LGBT oriented organizations such as the LGBT community center in San Francisco; and the snowball method. Recruitment will take place online and in-person with LGBT affiliate organizations. Recruitment for the interviews will be sought through the on-line survey. At the end of the survey, information will be provided about how to contact this researcher to participate in the interview. The first three eligible respondents to contact me will be chosen for the interview. Interviews will be conducted in-person and will be audio taped for transcription. This researcher will complete the transcription. The location for the interviews will be in the Presidio, San Francisco CA, at this researcher's field placement's office at the San Francisco Psychotherapy Research Group. The researcher's intent is to recruit participants' diverse in age, gender, sexual orientation, race, ethnicity, religion, demographic location, and socioeconomic status.

### **The Nature of Participation**

Participants will be asked to complete a qualitative survey through "Survey Monkey" and an optional opportunity to participate in a flexible method interview to further enrich their answers via survey questions. If a participant chooses to volunteer in an interview, the participant will be asked to contact this researcher by phone or email. This researcher will contact potential interview participants via phone and/or email. Interviews will take place at this researcher's field placement location in the Presidio, San Francisco CA, which is in a secluded area of the Presidio. Interviews will take place in one of the therapy rooms, which serves as this researcher's office space.

The data will be collected through the qualitative survey, and will consist of 19 questions assessing the participant's pre-disclosure and post-disclosure experience to their child's "coming out." If a survey participant volunteers to be interviewed, the interview questions will be flexible in design. Interview questions will be focused on the participant's retrospective and current narratives of their adjustment to their child's sexuality and their relationship dynamic with their child. The interview will take approximately 30 minutes to 1 hour. The survey will take participants approximately 25 minutes to complete.

The participants will be asked to provide demographic data related to age, race, ethnicity, geographic location, socioeconomic status, gender, sexual orientation, and religious affiliation. This information will serve as variables to analyze the findings to see whether

demographic differences, such as where a person resides has an influence on the participant's responses.

### **Risks of Participation**

There are minimal risks for participating in this study. There is the possibility that participants may experience emotional distress while reflecting on their personal account of the pre and post-disclosure period of their child's coming out. Participants may experience discomfort during the survey and/or the interview in sharing their narrative that may include negative feelings or thoughts towards their child. No identifiable information, besides demographic data, will be solicited from the participants, with the exception of the 3 interview participants. The data collected through the interviews will be confidential and data collected through the survey will be anonymous, with the exception of the 3 volunteer interview participants. A list of referrals for participants will be provided with the survey. These documents are included at the end of this proposal.

### **Benefits of Participation**

Parent-participants will have the opportunity to reflect on their personal experience and their narratives may be helpful to other parents who are going through similar issues. There will be no compensation for participation.

### **Informed Consent Procedures**

There will be two consent forms, one for participants on the on-line survey and an additional consent form for interview participants, which will be provided to them at the time of the interview.

Survey Monkey participants will indicate they have read and agreed to the terms of the consent form by clicking the "yes I agree" option, which will then allow them to proceed into taking the survey. Participants can withdraw from the survey at any point during the process but once it is submitted, participants will not be able to do so because this researcher will not be able to identify their survey from the others in order to withdraw it. This procedure is explained in the letter of consent.

Interview participants will receive a second consent form in person before the beginning of the interview. This researcher will provide the interview participants two consent forms to sign at the time of the interview, a signed copy for the interviewee and for this researcher. Participants will be given until March 31, 2009 to withdraw from the study. This procedure is explained in the letter of consent.

### **Precautions Taken to Safeguard Confidentiality and Identifiable Information**

Survey participants' individual responses and identities will be anonymous. There will be no personal information requested by this researcher for the survey participants.

Interview participants' responses and identities will be confidential. This researcher will listen to the audiotape of the interview privately and will complete transcriptions. Confidentiality will be ensured based on the interview location. San Francisco



Psychotherapy Research Group clinic is a private practice clinic. The people occupying the space are psychotherapists that rent out office space, SFPRG interns, and clients. The interviewee will not have to provide identifying information to anyone other than this researcher.

The researcher's MSW thesis research advisor will have access to the data findings only after identifying information has been disguised. A general summary of the findings will be presented for the researcher's MSW thesis dissemination. For the researcher's thesis dissemination, pertinent quoted comments or vignettes may be presented, however the identity of participants will be disguised. Participants will be identified only as "participant A, B, C..." etc. Data will be stored in a locked file for a minimum of three years as required by Federal regulations. After the three years, data will be destroyed or will continue to be kept secure if needed, for an extended period.

**Referral List:**

*National Organization: Parents, Families, and Friends of Lesbians and Gays (PFLAG)*  
Website: Contact information: Phone: (202) 467-8180, Fax: (202) 467-8194, General e-mail: [info@pflag.org](mailto:info@pflag.org), by mail: PFLAG National Office, 1726 M Street, NW, Suite 400 Washington, D.C. 20036.

Bay Area Resources:

*San Francisco's Chapter: Parents, Families and Friends of Lesbians and Gays (PFLAG)*  
For more information about meetings, one-on-one discussions, or PFLAG's work at schools and fairs, call their confidential help line at (415) 921-8850. Website: [www.pflagsf.org](http://www.pflagsf.org), E-mail: [pflagsf@aol.com](mailto:pflagsf@aol.com), by mail: PO Box 640223, San Francisco, CA, 94164. PFLAG provides support groups and activist opportunities.

*New Leaf: Services For Our Community*

Website: [www.newleafservices.org](http://www.newleafservices.org). Contact information: Phone: (415) 626-7000, Fax: (415) 626-5916, TDD: (415) 252-8376, Email: [intake@newleafservices.org](mailto:intake@newleafservices.org), Mailing Address: 1390 Market St., Suite 800, San Francisco, CA 94102, client services: 103 Hayes Street (near Market St.), San Francisco, CA 94102. New Leaf is a mental health counseling non-profit for the LGBT community, that serves LGBT individuals and family or friends struggling with LGBT identified issues.

*The San Francisco LGBT Community Center*

Website: [www.sfcenter.org](http://www.sfcenter.org). Contact information: Main Telephone: (415) 865-5555, Information & Referral: (415) 865-5664, Volunteer Program: (415) 865-5649, Fax: (415) 865-5501, Address: The Center, 1800 Market Street, San Francisco, CA 94102. The center provides a variety of programs designed to support the LGBT community, including friends and family.

**Researcher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Appendix G

### Human Subjects Review Approval Letter

January 8, 2009

Jillian Goldstein

Dear Jillian,

I am glad you got the few corrections back so fast. All is now in order and we are glad to give final approval to your study.

*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). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Alan Schroffel, Research Advisor