Parents’ Concerns about their Gay and Lesbian Children: An Attachment Perspective

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Parents’ Concerns about their Gay and Lesbian Children: An Attachment Perspective

A Dissertation

Submitted to the Graduate Faculty of the University of New Orleans in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Counselor Education

by

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B.A., University of Virginia, 1998
M.Ed., University of New Orleans, 2003

December 2014
Dedication

This dissertation is dedicated to my peer, friend, and colleague, Danielle Shareef (*in memoriam*) who was an influential part of my graduate training and early development as a mental health professional. Although Danielle did not live to complete her doctoral degree, her influence and legacy endure.
Acknowledgement

Foremost, I would like to thank my Chair, Dr. Barbara Herlihy, who, in addition to all of her hard work and support with my dissertation, also helped facilitate my return to UNO to complete my degree. I will be forever grateful for this opportunity.

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Abstract

The purpose of this study was to explore the concerns of parents upon learning about their children’s gay or lesbian sexual orientation from the conceptual framework of attachment theory. Personal and contextual factors such as parents’ attachment anxiety and avoidance, parent and child gender, length of time since disclosure, and parents’ prior interpersonal contact with gay and lesbian person(s) were examined to see how they influence parents’ concerns. Members of Parents and Friends of Lesbians and Gays (PFLAG) support groups were electronically surveyed using the Experiences in Close Relationships - Short Form (ECR-S; Wei, Russell, Mallinckrodt & Vogel, 2007) and the Concerns of Parents of Lesbians (COPLAG; Conley, 2011b). A total of 296 parents met the criteria to be considered participants.

The results of this study indicated that parental concerns are correlated with attachment anxiety, but not attachment avoidance. There were significant differences in concern levels between parents who reported high levels of interpersonal contact with gay or lesbian people and those who reported low levels. Parents’ concerns were significantly higher for gay sons than for lesbian daughters. Amount of time since disclosure was not found to be a significant factor in parental concerns; however, attachment anxiety and amount of time since disclosure were negatively correlated. Additionally, parents who were aware of their child’s sexual orientation for more than five years reported lower levels of attachment anxiety than parents who were aware of their child’s gay or lesbian sexual orientation for less than five years. Although parent gender was a variable in this study, too few fathers participated, precluding analyses using parent gender. Overall, the results indicate that parents’ concerns about having gay and lesbian children are influenced by both intrapsychic and contextual factors.
Keywords: gay and lesbian coming out, parents of gay and lesbian children, attachment anxiety, attachment avoidance, parental concerns, interpersonal contact
Chapter One
Introduction

Children frequently become aware of their gay or lesbian attractions by the age of 10 (Ryan, 2009). Between the time when gay or lesbian children become aware of their same-sex attraction and when they come out to their parents, significant damage can be inflicted unwittingly by parents, even those who consider themselves to be generally accepting of their child's sexual orientation. A tragic example of this was reported two years after the death of college freshman Tyler Clementi, who completed suicide after learning that his Rutgers University roommate had secretly filmed him having a romantic encounter with his boyfriend and had directed peers to view the footage over the internet (“Tyler Clementi,” 2012). Clementi had come out to his parents only several months prior; feeling surprised, Clementi’s mother bombarded him with questions such as “How do you know? Who are you going to talk to? Who are you going to tell?” (Zernike, 2012, para. 3). Posthumously, she learned that Clementi interpreted her reaction as being rejecting; Clementi sent a text message to a friend stating, “Mom has basically completely rejected me” (Zernike, 2012, para. 3). As Clementi’s mother grappled with her own role in her son's death, she reported that at the time of his disclosure, she was not ready to come out as a parent of a gay son and that her fear of others’ harsh judgments and the shame that was evoked by her religion had led her to maintain secrecy.

Following the suicides of Tyler Clementi and numerous other bullied gay youth in 2010, many Lesbian, Gay, Bisexual, and Transgender (LGBT) social justice organizations increased their visibility and services, heightened awareness about the resources available to desperate LGBT youth, and spoke out about the harmful effects of bullying. The Gay and Lesbian Alliance Against Defamation (GLAAD) established an annual day of remembrance, Spirit Day,
when individuals, schools, corporations and celebrities are asked to show their support by wearing purple, which symbolizes “spirit” on the rainbow flag (Gay and Lesbian Alliance Against Defamation, 2014). National support and advocacy organizations such as the Trevor Project and No H8T Campaign, which provide 24-hour hotlines for suicidal youth and silent protests opposing laws that ban gay marriage, respectively, canvased social media. The “It Gets Better Project,” which began as one single YouTube video created by syndicated columnist Dan Savage and his partner, Terry Miller, inspired a worldwide movement of more than 50,000 videos, in which supporters offer hope to LGBT youth, letting them know that “it does indeed get better” (What is the It Gets Better Project, 2014, para 2). Independently of these efforts, counselor education programs were also addressing issues that challenged the rights of LGBT individuals (Rudow, 2013).

The media devoted significant attention to two high profile cases involving graduate students whose personal religious beliefs conflicted with mandates from their graduate training programs (Keeton v. Anderson-Wiley et al., 2010; Ward v. Wilbanks et al., 2010, 2012; as cited in Herlihy, 2013). Two students filed law suits against their respective counselor education programs after they were dismissed for both their refusal to provide treatment to LGBT clients on the basis of their religious beliefs, and for their unwillingness to engage in remedial activities that would promote culturally competent care to these clients. Upholding the American Counseling Association's Code of Ethics (2005), the courts generally ruled in favor of the graduate programs, stating that the programs’ actions were not examples of religious discrimination against the students and that it is unethical for counselors to use their personal values in an influential manner (Rudow, 2013).
Most professional mental health organizations including the American Psychological Association (Anton, 2010), American Counseling Association (Whitman, Glosoff, Kocet, & Tarvydas, 2006), American Psychiatric Association (2000), and the National Association of Social Workers (2000) have taken a clear stance opposing conversion or reparative therapies. Reparative therapies are religious and secular treatments aimed at changing the sexual orientation of gay and lesbian individuals. Further supporting these efforts, in October 2012, the California State Assembly approved a bill banning the practice of reparative therapy with children and adolescents (Levs, 2012).

**Background**

Although the societal landscape has greatly improved in the US, there is still much social stigma related to adopting a gay, lesbian, or bisexual orientation, as evidenced by the lack of important federal protections and rights such as bans on employment discrimination (Human Rights Campaign, 2012c), legal marriage in most states (Human Rights Campaign, 2012b), and laws prohibiting hate crimes against LGBT individuals (Human Rights Campaign, 2012a). These insidious forms of institutionalized oppression, driven by homophobia, the “societal disease that places such negative messages, condemnation, and violence on gay men and lesbians” (Pharr, 1997, p. 2), can be a significant source of stress and illness, so great that it can lead to suicide.

In general, sexual minorities report more emotional and behavioral adjustment difficulties in comparison to heterosexual peers (Savin-Williams, 1994). For example, the Centers for Disease Control (2014) has documented that lesbian, gay, and bisexual youth are four times more likely, and youth who are questioning their sexual orientation are three times more likely, to attempt suicide than their heterosexual peers. Additionally, sexual minorities are more likely to experience harassment and report limited access to support from family and friends (Garofalo,
Wolf, Kessel, Palfrey, & DuRant, 1998; Savin-Williams, 1994) and may even lack a strong attachment with parents (Gonsiorek, 1988). Researchers have also documented the significant roles families play in the overall adjustment and well-being of gay, lesbian, and bisexual (GLB) family members (see Boxer, Cook, & Herdt, 1991; Coleman, 1982; D’Augelli, 2003; Savin-Williams, 1989).

Although the act of coming out has been shown to contribute to psychological adjustment for gay and lesbian individuals (Ryan & Futterman, 1988), some scholars have debated whether or not the coming out process itself alleviates stress. According to Rothman, Sullivan, Keyes, and Boehmer (2012), the context of the disclosure, including the reactions of the people to whom the disclosures are made, may determine whether the act of coming out reduces stress. Considering the influence of parents on the development and well-being of their children and adolescents, examining parental reactions is particularly germane to the health and welfare of gay and lesbian individuals in this age group (Bouris et al., 2010).

Despite the significant role parents play in the adjustment of their lesbian, gay, or bisexual (LGB) children, very few researchers have explored the experiences of parents following their child's disclosure of their sexual orientation (Ben-Ari, 1995; Goodrich, 2009; Goodrich & Gilbride, 2010). Very little is known about the specific concerns of parents about having a gay or lesbian child, their magnitude, and how concerns differ depending on the gender of the parent and child (Conley, 2011a). Through research with parents who attend Parents and Friends of Lesbians and Gays (PFLAG) support groups, Conley (2011a) developed the Concerns of Parents of Lesbians and Gays scale (COPLAG). The COPLAG assesses concerns parents hold regarding their child's sexual orientation, including how society perceives them because...
they have gay or lesbian children, being rejected by loved ones, and their child's psychological and physical well-being.

Little empirical research has addressed the coming out experience from the parents' perspective, and researchers have offered only a few anecdotal and retrospective self-reports (Savin-Williams & Dubé, 1998). Researchers have focused on parents' responses immediately post-disclosure (Henderson, 1998; Saltzburg, 2004) and have not explored any change that may occur over time (Henderson, 1998). Some researchers have investigated parents' experiences qualitatively (e.g., Fields, 2001; Goodrich, 2009; Phillips, 2007; Phillips & Ancis, 2008; Saltzburg, 2004); however, quantitative research is lacking in this area (Goodrich, 2009; Savin-Williams & Dubé, 1998).

It has been proposed that parents go through their own transitional and adaptive process as a result of having marginalized children (Robinson, Walters, & Skeen, 1989), but little is known about parents' developmental processes in regards to their roles as parents of stigmatized children (C. Conley, personal communication, July 18, 2012). Savin-Williams and Dubé (1998) suggested that parents progress through linear stages once a child has disclosed his or her sexual orientation that parallel the stages of coming out described by Cass (1979), but no studies exist that document this process. In a qualitative study, Goodrich (2009) investigated heterosexual parents' experiences following a child's coming out and the factors that contributed to successful adaptation post-disclosure. Goodrich and Gilbride (2010) tested this model of adaptation and found that variables such as social support and cognitive flexibility were more influential than heterosexism on post-disclosure family adaptation, and that more successful outcomes occur when parents seek support from their spouse and focus their behavior on the needs of the child.
Ryan and her staff have devised an evidenced-based assessment tool, the FAPrisk Screener for Assessing Family Rejection and Related Health Risks in LGBT Youth, which is used to assess youth for identified caregiver behaviors that are highly predictive of negative health and mental health outcomes for LGBT young people, such as depression, suicide attempts, substance abuse problems and prior diagnosis with a sexually transmitted disease (Family Acceptance Project, n.d.). Although Ryan has been able to document caregiver behaviors that negatively impact LGBT youth, very little is known about the psychological factors that contribute to those behaviors.

**Significance of the Study and Key Constructs**

It has been widely noted that parents' acceptance or rejection of their LGB child has a profound impact on the child's health, safety, and well-being (Dunst, Trivette, & Deal, 1994). Sexual minorities are more likely to experience harassment and other challenges (Garofalo, et al., 1998; Gonsiorek, 1988) and the social stigma of adopting a LGB identity further complicates adjustment (Williams, Connolly, Pepler, & Craig, 2005). Social supports, including families, can help act as buffers against stress and aid the child's ability to cope (Hirsch & Dubois, 1992). Given the significance of parents on a child's experience of coming out (Elizur & Ziv, 2001; Floyd & Stein, 2002; Henderson, 1998; Phillips, 2007; Savin-Williams, 2001), it is important to understand the parents' emotional, cognitive, and psychological adjustment process, so that therapists can tailor their interventions to the parents’ most salient needs and concerns (Goodrich, 2009).

The significance of coming out to parents has been explored in various studies (Elizur & Ziv, 2001; Floyd & Stein, 2002; Henderson, 1998; Phillips, 2007; Savin-Williams, 2001). Friends are typically told before family members (D'Augelli & Hershberger, 1993; Phillips,
and siblings are frequently told before parents (Cramer & Roach, 1988; Demo & Allen, 1996; Devine, 1983-1984; Strommen, 1989), perhaps as a way of shoring up support. In the attachment literature, coming out to parents has been identified as a significant life transition, much like getting married or becoming a parent and, similar to these other significant relational events, the coming out process has the potential to alter family members’ internal working models of attachment (Egeland & Farber, 1984; Hamilton, 2000; Weinfield, Sroufe, & Egeland, 2000). Given the emotional significance of the coming out process and its activation of the attachment system, family members potentially have the opportunity to re-work less secure models of attachment while better understanding their own and others' concerns from a new lens.

Bowlby’s attachment theory (1969, 1973, 1980) outlines the normative view of attachment behavior in the context of close relationships throughout the lifespan. These behaviors include proximity seeking, the desire to remain close to one’s attachment figures, including protest at the threat of separation; secure base, reliance on the relationship to explore novel experiences; and safe haven, seeking reassurance and support during times of distress. Bowlby (1969, 1973, 1980) theorized that an individual’s expectations about the availability and responsiveness of attachment figures are developed during the years of immaturity (infancy, childhood, and adolescence).

Ainsworth, Blehar, Waters and Wall’s (1978) experimental research expanded attachment theory, categorizing the different relational strategies infants utilize when feeling distressed. These individual differences in relational strategies, or attachment styles, reflect the internalized rules that govern an individual’s response to emotionally distressing situations. These include rules about acknowledging one’s own feelings of distress, whether or not one seeks out attachment figures for comfort, one’s sensitivity to negative affect, and the intensity of
one’s expressions of distress. Therefore, attachment theory has been described as a theory of affect regulation (Kobak & Sceery, 1988, as cited in Feeney & Noller, 1996; Sroufe & Waters, 1977, as cited in Feeney & Noller, 1996).

After a thorough review of the literature, no studies were found that have examined the attachment styles or internal working models of parents in relation to the coming out process, although adult children’s attachment styles have been explored and correlated with the likelihood of coming out to their parents (Holtzen, Kenny, & Mahalik, 1995), feelings of trust and motivations for disclosing (Boon & Miller, 1999), and current relationship satisfaction with romantic partners (Carnelley, Hepper, Hicks, & Turner, 2011). To my knowledge, only one study has examined the change in gay and lesbian adolescents’ internal working models of attachment following attachment-focused family therapy (Diamond, et al., 2012).

Using an experimental design, Diamond, et al. (2012) conducted a pilot study of an attachment based family therapy protocol that was altered to be sensitive to the needs of gay and lesbian adolescents and their families. Although this study was preliminary, it did provide some evidence that attachment-focused family therapy has the potential to alter the adolescents’ internal working models of attachment and reduce the suicidality of gay and lesbian adolescents. The authors found that when adolescents interpret their parents' reaction as rejecting, they are left feeling as though there is no one to turn to when victimized; consequently, this experience undermines the protective function of the attachment relationship. Once parents were able to work through their own fears and disappointments, they were more able to empathize with their child's plight, become available to attend to their child's attachment needs, and ultimately to strengthen the attachment bond.
**Purpose of the Study**

The purpose of this study was to examine the relationships between parents’ adult attachment styles and their concerns about having gay and lesbian children, following their child’s coming out disclosures to them. This study used attachment theory as a framework for understanding how the factors of attachment anxiety and avoidance, parent and child gender, amount of time since disclosure, and prior interpersonal contact with gay and lesbian person(s) interact to influence parental concerns about having gay and lesbian children.

**Research Questions**

The following four research questions were investigated in the present study:

1. What is the relationship between parents’ attachment anxiety and their overall concerns about having gay and lesbian children?

2. What is the relationship between parents’ attachment avoidance and their overall concerns about having gay and lesbian children?

3. What is the relationship between the amount of time since their children disclosed being gay or lesbian and parents’ overall concerns about having gay and lesbian children?

4. Are there statistically significant mean differences in parents’ overall concerns across gender of parents and children and parents’ prior interpersonal contact with a gay or lesbian person?

**Limitations**

Anticipated limitations included the reliance on a purposive sample, using convenience-sampling method and snowball technique, which limited the generalizability of the sample to the larger population. The sampling frame was the national support organization, PFLAG. Concerns and attachment styles are likely to be different for parents who participate in a mutual
support organization, compared to those who choose to not do so. Therefore, an inherent bias toward those parents who participate in PFLAG was a possibility. As PFLAG protects the confidentiality of its membership, it is unknown how many mothers and fathers with gay or lesbian children belong to the organization. Of the total 296 participants, only 39 (13%) of them were fathers. It is unknown if this percentage represents the demographics of PFLAG as a whole.

A second limitation was that the study utilized self-report retrospective data from parents of gay sons and lesbian daughters. The validity and reliability of retrospective data reflecting psychosocial variables, such as subjective psychological states, has been subject of much debate (Henry, Moffit, Caspi, Langley, & Silva, 1994). The majority of the sample had been aware of their child’s sexual orientation for five or more years, which could have affected the accuracy of some of the participants' memories. Parents’ long-term participation in PFLAG support groups and/or psychotherapy may have altered their recollections of their early concerns (see Siegel, 2012). Additionally, self-report measures rely on participants’ honesty and self-insight, which may be limited when fears and defenses are at issue (Brennan, Clark, & Shaver, 1998).

Third, Qualitrics©, an online data collection program, was used to gather data. Although this method had the potential to garner a larger national sample, some parents may not have had access to a computer or may have felt skeptical about completing an online questionnaire. Additionally, it was not possible to track how many potential participants received the survey invitation and chose to not complete it. Finally, because this was a descriptive inferential correlational study, causation cannot be determined from the results (Huck, 2007).
Delimitations

PFLAG’s membership includes gender variant parents, allies, and parents whose children identify across the entire spectrum of gender and sexual orientation. As PFLAG maintains the strict confidentiality of its membership, there was no way to select who received the study invitation. Only parents who self-identified as male or female with gay or lesbian children were included in the sample, even though gender variant parents and parents of transgender and bisexual children responded. Although gays and lesbians are commonly grouped with other sexual minorities in the greater LGBT community, some of the concerns and challenges of transgender and bisexual individuals are unique, and were therefore outside the scope of this study.

An additional delimitation was that the sample included only parents whose children had disclosed and/or confirmed that they identify as gay or lesbian; parents who only suspected that their child was gay or lesbian were not included in this study. It has been purported that when children disclose their gay or lesbian sexual orientation, parents experience a chain of grief reactions (Robinson, Walters, & Skeen, 1989). Therefore, it can be assumed that parents' post-disclosure experiences are qualitatively different than those who may only suspect that their child is gay or lesbian.

Assumptions of the Study

It was assumed that by using an online questionnaire, I would be able to access a national cross-sectional sample of parents of lesbian and gay children. It was assumed that participants answered honestly because participation was voluntary and there was no incentive for individuals not meeting the inclusion criteria to falsify information in order to participate.
Additionally, the internet software eliminated the possibility of duplicate survey responses from participants.

**Definition of Terms**

**Attachment figure.** Someone who provides support, protection and care (Fraley, 2010).

**Attachment-related anxiety.** A dynamic process that reflects an individual's fear of abandonment; people who score high on this variable tend to worry if their partner is attentive, available, and responsive. Individuals who score low on this variable are more secure in the perceived responsiveness of their partner (Brennan, Clark, & Shaver, 1998).

**Attachment-related avoidance.** A defensive dynamic process that is characterized by fear of closeness and dependency; people who score high on this variable tend to not rely on others. Individuals who score low on this dimension tend to be more open with others and allow others to depend on them (Brennan, Clark, & Shaver, 1998).

**Attachment style.** Individual differences in the ways in which people perceive their relationships with others (Fraley, 2010) that can be defined in a two-dimensional space, anxiety and avoidance (Brennan, Clark, & Shaver, 1998).

**Coming out.** A developmental task that involves disclosure to others about one's same-sex feelings that have been previously identified and acknowledged to oneself (Coleman, 1982).

**Gay (men).** “Men whose primary emotional, erotic, and relational preferences are same-sex (homophilic) and for whom some aspect of their self-labeling acknowledges these same-sex attachments; designation as gay refers to “the sex of one’s (actual or imagined) intimate partner choices, not gender expression, which may take a variety of forms” (Fassinger & Arseneau, 2007, p. 21).
**Internal working model of the self.** “A key feature [of the working model of the self] is his notion of how acceptable or unacceptable he himself is in the eyes of his attachment figures” (Bowlby, 1973, p. 203).

**Internal working model of the world.** According to Bowlby (1973, p. 203), an individual’s internal working models of the world include “…who his attachment figures are, where they may be found, and how they may be expected to respond.”

**Lesbian.** This term refers to “women whose primary emotional, erotic, and relational preferences are same-sex (homophilic) and for whom some aspect of their self-labeling acknowledges these same-sex attachments; designation as lesbian refers to the sex of one’s (actual or imagined) intimate partner choices, not gender expression, which may take a variety of forms” (Arsenau & Fassinger, 2007, p. 21).

**Safe haven.** Ainsworth, Blehar, Waters and Wall (1978) described this behavior as “retreat to the mother” in referring to infant behavior during Episode 3 of the Strange Situation (p. 264). These infants were sufficiently alarmed which resulted in their attachment systems being activated; hence, they moved away from the stranger and toward their mother, some making bodily contact.

**Secure attachment.** Infants and adults “who are neither anxious about abandonment nor avoidant in their behavior” (Brennan, Clark, & Shaver, 1998, p. 49).

**Secure base.** A trusted person or an internal representation of a relationship that a person draws upon for support in times of need (Pietromonaco & Barrett, 2000). According to Bowlby (1973), For not only young children, it is now clear, but human beings of all ages are found to be at their happiest and to be able to deploy their talents to best advantage when they are...
confident that, standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise (p. 359).
Chapter Two

Literature Review

In this chapter, the literature related to attachment theory, its background, key concepts, and assessment methods and classification systems of infant and adult attachment are provided. Additionally, a review of the literature focusing on gay and lesbian coming out processes, parental reactions to having gay and lesbian children, and the influence of parents’ and children’s attachment styles on coming out is provided.

Attachment Theory

Background and Key Concepts

In the early 20th century, prominent psychoanalysts conceptualized dependency or attachment as a secondary drive and purported that infants become attached to their mothers or primary caregivers only as a result of the gratification of their physiological needs for food and warmth. In regards to adults, attachment behavior was also devalued; any expression of adult dependency or attachment was considered regressive or pathological (Bowlby, 1969). Additionally, clinicians did not attend to the effects of the caregiving environment on children’s pathology. Rather, influenced by the work of Melanie Klein, children’s difficulties were viewed as stemming from their internal conflicts and fantasies, dismissing the role of the caregiving environment on the child’s development (Bretherton, 1992). John Bowlby (1969), a British psychoanalyst, who countered many of the widely held beliefs of his contemporaries, formulated the basic tenets of attachment theory. His ideas, although influenced by British object relations theory, developed independently and were laid out in his seminal work, the Attachment and Loss trilogy (1969, 1973, 1980).

Bowlby defined attachment theory as the development and functioning of an innate attachment system that is designed to keep infants in close proximity to their caregivers under
stressful, threatening, or novel situations. Using data from his naturalistic observations of infants and young children in orphanages, Bowlby integrated ideas from ethology, child development, evolutionary theory, and control systems theory to describe the processes by which infants become attached to their mothers or other primary caregivers. Bowlby (1973) asserted that throughout our lives, human beings and many nonhuman primates are genetically biased to respond to natural clues, such as sudden change of stimulation, strangeness (e.g., strange people, strange places, strange proceedings), rapid approach, height, darkness, and fear of unwilling separation from an attachment figure as if danger were truly present. From an evolutionary perspective, proximity seeking provides protection from predators and other risks of danger, consequently promoting survival. Proximity seeking and other forms of attachment behavior lead to the development of affectional bonds or attachments.

Bowlby (1969, 1973) theorized that the quality of care that infants receive significantly influences their thoughts and feelings about themselves and significant others, which he termed internal working models. Although these mental representations are preverbal and consequently difficult to bring to consciousness, they inform a range of affects, cognitions, and behaviors related to social interactions, social relationships, and self-construals throughout life. Through repeated use, internal working models of attachment influence what one attends to, how one interprets relational events, and what one remembers. Hence, internal working models shape a person’s expectations of and coping strategies for future interpersonal events (Pietromonaco & Barrett, 2000). Included in a person’s internal working models are notions about who one’s attachment figures are, where they may be found, and how they may be expected to respond when needed. These beliefs about attachment figures’ availability are related to the likelihood that an individual will experience fear when faced with potentially alarming situations.
throughout the lifespan. Further, Bowlby (1969) and Ainsworth, Blehar, Waters and Wall (1978) found that the more insecure a child’s attachment is to the principal figure, the more inhibited the child will be in developing additional attachments.

The working model of the self includes ideas about one’s own worthiness in the eyes of the attachment figure. Referring to a person who grows up in an “ordinary good home with ordinarily affectionate parents,” Bowlby (1973) continued,

…he finds it difficult to imagine any other kind of world. This gives him an almost unconscious assurance that, whenever and wherever he might be in difficulty, there are always trustworthy figures available whom will come to his aid. He will therefore approach the world with confidence and, when faced with potentially alarming situations, is likely to tackle them effectively or seek help in doing so (p. 208).

Internal working models are the mechanisms that account for the stability in the secure base relationship—the belief that significant others will be available in times of need “from the cradle to the grave” (Bowlby, 1988, p. 62)—and are considered to be foundational for all attachment styles (Pietromonaco & Barrett, 2000). Whereas infants and young children need to physically engage in secure base behavior, older children, adolescents and adults symbolically return to a secure base using these internal attachment representations.

Researchers have debated how stable internal working models of attachment are across time and whether they vary across relationships. Fraley, Vicary, Brumbaugh and Roisman (2011) have hypothesized that attachment patterns in romantic relationships are less stable than those of adult parental relationships because of the entrenchment and contact hypotheses, which purport that adults have extensive developmental histories with their parents and typically spend more time with their romantic partners than they do with their parents; therefore, their working
models of romantic attachment are relatively nascent and have more opportunities to be revised. Romantic couples who have been involved with their partners for a long period of time tend to demonstrate more stability in their romantic attachment. Additionally, significant life events experienced throughout the lifespan can modify individuals’ internal working models inasmuch as their perceptions of the interpersonal contexts disconfirm their attachment relevant expectations (Davila & Cobb, 2004), contributing to an increase or decrease in attachment security (Fraley, Vicary, Brumbaugh, & Roisman, 2011).

A person’s attachment orientation at any point in time reflects a combination of “contextual factors and enduring ones” (Fraley, et al., 2011, p. 989). Adults who received suboptimal parenting during their childhoods may develop “earned” security later in life through sensitive, attuned personal or therapeutic relationships (Siegel, 2012). These experiences potentially allow individuals to achieve a more integrated functioning of the mind (Siegel, 2012, p. 118) by gradually altering implicit mental models through repetitive new implicit relational experiences (Fosshage, 2004). Additionally, through these supportive relationships “memory can be transformed through recalling and telling it in a different context” (Fosshage, 2004, p. 519), consequently creating therapeutic change.

Mary Salter Ainsworth’s methodological contributions provided the means to test Bowlby’s ideas empirically and further expand his theory (Ainsworth & Bowlby, 1991 as cited in Bretherton, 1992). Ainsworth, during her graduate studies, was interested in the hypothesis that children use their parents as a secure base from which to explore (Salter, 1940, as cited in Bretherton, 1992); later, her research into infant-mother dyads provided confirmation (Bretherton, 1992). Ainsworth’s observational studies and interviews of the Ganda mothers confirmed the secure base hypothesis and illuminated two other infant behavior patterns:
expressions of distress during brief, everyday separations from their mother; and fear when encountering a stranger (Ainsworth 1963, 1967, as cited in Bretherton, 1992). If the child’s exploration evoked too much anxiety, the child could return to “home base” to receive reassurance from his or her parents. The corollary was also deemed to be true: if the child’s relationship with his or her parents was insecure, he or she might not leave them to explore, fearing that they would not be available if needed (Bretherton, 1992).

Following her Ganda study, Ainsworth conducted a year-long intensive research project, known as the Baltimore study, in which infant-mother dyads were observed in their home environments (Ainsworth, et al., 1978). Unlike the Ganda study infants, all of the Baltimore infants left their mothers to explore their home environment, whether or not they were judged to be secure in their attachments to their mothers. Ainsworth also noted that the Ganda infants protested separations from their mothers much more than the American infants. These differing behavioral patterns were of interest to Ainsworth, and she believed that if stronger instigation were provided, the American babies might be induced to behave in much the same way as the Ganda infants (Ainsworth, et al., 1978).

**Infant Attachment Assessment and Classification Approaches**

In 1964, Ainsworth and her team developed the Strange Situation, a 20 - minute laboratory procedure designed to observe attachment patterns between infants and their mothers in unfamiliar settings, including brief separations and reunions as well as the introduction of a stranger (Ainsworth, et al., 1978). This procedure was designed to simulate common separation experiences of middle class American infants and their mothers, while introducing enough stress to activate the infants’ attachment systems. These data, along with the data from the Baltimore
study, allowed Ainsworth and her colleagues to observe the infants’ patterns of attachment to their mothers and relate these patterns to maternal behavior (Ainsworth et al., 1978).

The Strange Situation eventually led to the infant attachment classification system (Ainsworth, et al., 1978; Bretherton, 1992). An infant’s attachment classification reflects strategies that have been learned as ways of regulating distress with attachment figures, such as seeking comfort, compulsive self-reliance, and hypervigilance in attending to and expressing distress (Feeney, 1998). Ainsworth and Wittig (1969) initially assigned the first 13 infants of sample one into one of three groups (A, B, or C), depending on whether or not they displayed separation distress; further subgroups were identified as the remaining infants were classified. Group B infants displayed an interest in gaining proximity to their mothers upon reunion and did not engage in behavior that would impede that process, such as exploratory, avoidant, or resistant behavior. Group A infants avoided their mothers upon reunion, and Group C infants had a strong interest in proximity, but displayed anger and resistance upon reunion. The babies in group B were deemed to be relatively securely attached in comparison to those in groups A and C.

Ainsworth, et al. (1978) also described the mothers’ complementary behavior. Mothers of group B infants were more affectionate than non-B mothers; displayed responsive, contingent communication and holding; were accepting and cooperative; and were deemed psychologically accessible. Group A mothers were more rejecting; seemed to have an aversion to close, bodily contact; and were rigid and compulsive in their interactions and interfered with their infants’ plans. Group C mothers were less rejecting than Group A mothers and had no aversion to bodily contact; however, they displayed little affectionate behavior. Hence, the Baltimore Study and the
Strange Situation proved useful for the identification and exploration of individual differences in infant-mother attachment.

Later, Main, Hesse, and Kaplan (2005) discovered a fourth Strange Situation attachment category (D), “insecure-disorganized/disoriented,” which expanded the scope of attachment theory to account for the effects of fear-arousing parental behaviors (e.g., abuse, disassociation, fight, flight, freeze) and the intergenerational transmission of trauma. Group D infants were prone to dissociation, appeared apprehensive in relation to their parents, seemed confused, and displayed various anomalous behaviors (see Main, Hesse, & Kaplan, 2005).

Beginning in infancy and continuing throughout adolescence, an individual’s confidence, or lack thereof, in the availability of attachment figures is generated, and remains relatively unchanged throughout adulthood (Feeney & Noller, 1996). A sense of attachment security provides adults with a framework for maintaining well-being, regulating emotion, developing a sense of self and other, engaging in exploration, affiliation, and caregiving activities. Attachment security allows people to direct attention and energy to other behavioral systems (Bowlby, 1969), and becomes an “inner resource” or a set of resilience factors “which may foster a constructive attitude toward life and buffer the psychological distress resulting from the encounters of adversity” (Mikulincer & Florian, 1998, p. 144).

**Assessing Adult Attachment**

The 1980’s were a prolific decade for both developmental and social psychology researchers investigating adult attachment styles. Little overlap exists between the two methodological approaches that dominate each of these fields, despite their shared theoretical origins. Developmental psychologists, who traditionally examine both an adult’s state of mind regarding childhood attachment experiences with caregivers and the intergenerational
transmission of attachment patterns, utilize the Adult Attachment Interview (AAI) developed by George, Kaplan and Main (De Haas, Bakermans-Kranenburg, & Van Ijzendoorn, 1994; Shaver & Mikulincer, 2004). Social and personality psychologists typically use self-report questionnaires that examine attachment-related thoughts, feelings, and behavior in adult relationships (Shaver & Mikulincer, 2004). In a meta-analytic review, Roisman, et al. (2007) concluded that there is trivial to small overlap between self-reported attachment style dimensions and AAI security, and that these measures are not interchangeable. In the literature, adult attachment styles are classified according to which aspects of attachment theory are highlighted, and consequently which methodological approach is used to assess attachment.

The Adult Attachment Interview (AAI) enabled researchers to assess both adolescents’ and adults’ attachment representations. In this semi-structured interview, individuals reflect on their early attachment experiences and their mental representations of these experiences, otherwise referred to as one’s “state of mind with respect to attachment” (De Haas, Bakermans-Kranenburg, & Van Ijzendoorn, 2001, p. 472). Attention is paid to the coherence of the narrative, whether the respondent is dismissing of negative attachment experiences, and how emotionally entangled the respondent becomes when reporting these experiences. The AAI’s attachment classification system parallels the attachment classifications of childhood; it identifies secure and insecure patterns of adult attachment, resulting in three main classifications: autonomous, preoccupied, and dismissing (De Haas, Bakermans-Kranenburg, & Van Ijzendoorn, 2001). During discussions of loss or abuse, if the respondents’ discourse becomes disorganized, their state of mind is classified as unresolved. Administering and coding the AAI is both time-intensive and costly (Roisman, et al., 2007; De Haas, Bakermans-Kranenburg, & Van Ijzendoorn, 2001).
Shortly following the creation of the AAI, Hazan and Shaver (1987) proposed the first self-report measure of adult romantic attachment. They hypothesized that the attachment processes that govern attachment to caregivers in infancy should also direct the thoughts and emotions regarding adult romantic love. Their objective was to search for connections between attachment in childhood and adulthood. Using Ainsworth, et al., (1978) infant classification descriptions, Hazan and Shaver translated these descriptions to reflect ideas about adult romantic love and created a categorical self-report instrument of attachment. They asked respondents to answer questions about their most important love relationships, tapping into their mental models, or internal working models of attachment. Hazan and Shaver concluded that the three categories of infant attachment styles—secure, avoidant, and anxious/ambivalent—can be observed in adult romantic relationships and at approximately the same frequency as in infancy; 56% of the respondents were identified as secure, 24% avoidant, and 20% anxious/ambivalent. Hazan and Shaver’s study was the impetus for further social and personality research into adult romantic attachment as well as the creation of categorical and dimensional self-report instruments that assess adults’ attachments to parents, romantic partners, and friends.

Self-report measures of attachment target how individuals consciously evaluate, interpret, and understand their experiences in close relationships. Self-report inventories are based on the assumption that, although the conscious mind may not have access to the psychological processes underlying a person’s individual differences in security, these processes still influence people’s conscious beliefs about themselves and others. Continuous rating self-report instruments assess individuals’ attachment styles across two domains: attachment anxiety (Model of Others) and attachment avoidance (Model of Self) (Brennan, Clark, & Shaver, 1998; Fraley, Davis, & Shaver, 1998). This dimensional approach to assessing individual differences in
attachment has been shown to be more reliable and accurate, as attachment styles vary in terms of degree, not type (Fraley & Waller, 1998; Stein et al, 2002). Additionally, dimensional models of attachment assess similar processes as Ainsworth’s Strange Situation procedure: hypervigilance (attachment anxiety) and compulsive self-reliance (attachment avoidance) (Brennan, Clark, & Shaver, 1998; Fraley, 2010).

Self-reported avoidance and anxiety tend to be most influential under conditions of attachment-related threat, such as separation, loss, and salient areas of ongoing disagreement within an attachment relationship. Self-reports of attachment anxiety and avoidance reflect the appraisal of proximity seeking as either a viable option or not, and whether a person uses hyperactivation or deactivation strategies, respectively. Hyperactivating strategies include efforts to attain closeness, and expression of vulnerability, need, and anxiety, with an ultimate goal of securing the attention of a seemingly available and responsive attachment figure. In contrast, self-reports of attachment avoidance often reflect a denial of attachment needs, defensive independence and self-reliance, and the downplaying of actual or potential threats (Shaver & Mikulincer, 2004). Attachment styles reflect strategies that have been learned as ways of coping with negative affect (Feeney, 1998). Self-report measures of attachment are considered good predictors of people’s appraisals of their romantic relationships, and this correlation has been demonstrated in various studies that examined romantic partners’ attachment styles under conditions of high stress (Roisman et al., 2007).

Within the self-report literature, there are further divisions with respect to whether attachment is conceptualized as a personality trait or whether attachment patterns are relationship-specific. Researchers espousing the trait model of attachment believe that continuity of attachment patterns exists across specific relationship types (e.g., parents, romantic partners,
and friends); whereas those who conceptualize attachment patterns as being context-specific believe that there is much variability across relationships. For a detailed review, see Caron, Lafontaine, Bureau, Levesque and Johnson (2012). Although there is some overlap between an adult’s attachment patterns to friends and to romantic partners, researchers have found that results are more representative of the attachment relationship in question when respondents are required to complete a self-report questionnaire with a target relationship in mind (Brumbaugh & Fraley, 2007; Caron, Lafontaine, Bureau, Levesque, & Johnson, 2012).

**Gay and Lesbian Coming Out Processes**

**Historical Context**

Only during the past 100 years has homosexuality existed as a cultural or personal identity (Schoenberg, 1995). Although the term *homosexual* did not enter common usage until 1869 (Friedman & Downey, 1994), homosexual behavior has been considered universal. For ancient Greeks, sex was an expression of power, and sexual object choice was defined within these parameters, not based on gender—e.g., typically, the older, wealthier partner would express dominance by penetrating the poorer, younger partner. Hence, social constructions of sexuality and desire are culture-bound, not biological derivatives (Schoenberg, 1995).

Although non-procreative sex was seen as aberrant within the Christian tradition, sexuality had not been considered a classifiable, fixed characteristic of the individual. Following the secularization of Europe in the 19th century, psychiatrists and doctors such as Freud replaced priests as the arbiters of morality. It was at this time that sex became a critical organizing principle of psychic life, and sexual deviance replaced sin as the locus of social regulation, making psychiatry a growth industry. This concretization of sexual behaviors that had not previously been considered significant helped heterosexuality establish its moral standing—i.e.,
there could be no moral ideal without its antithesis: deviance (Schoenberg, 1995). The inclusion and eventual deletion of homosexuality from the *Diagnostic and Statistical Manual* in 1980 symbolized the dramatic cultural shifts surrounding the judgment that homosexuality is a behavior disorder (Friedman & Downey, 1994).

In Freud’s *Three Essays on the Theory of Sexuality*, he posited that adult sexuality exists on a continuum, and that all adults carry strong libidinal and homosexual attachments in their unconscious. According to Chodorow (2000), "…in keeping with his goal of making all sexual outcomes developmentally contingent, Freud suggests that heterosexual object choice is generally helped along by family process as well as laws against homosexuality instead of being innately determined" (p. viii). Despite the fluidity of adult sexuality Freud conceptualized over a century ago, “…the invisibility of homosexuality forces choices about secrecy or disclosure in all social interactions that go beyond the superficial” (Magee & Miller, 1995, p. 99). Disclosure is accompanied by the “immediate acquisition and management of a new and devalued social and psychological identity” (Magee & Miller, 1995, p. 98). Therefore, the interpersonal and intrapsychic process of coming out is always accompanied by both the wish to reveal and the wish to hide.

**Stage Models of Coming Out**

During the 1970s and 1980s, researchers devised various models purporting to describe the processes by which individuals come to adopt a homosexual identity, moving away from earlier approaches which examined the etiology and treatment of homosexuality (Cass, 1984). These models, much like some of the earlier racial identity development models (see Cross, 1971) were built on both Eriksonian and Sullivanian ideas—that identity is acquired through a developmental process and that the locus for stability and change lies in both intra- and inter-
personal experiences (Coleman, 1982). Cass (1979) developed a six stage model, which she later revised to be a four stage model (1984), of homosexual identity formation based on her clinical work with lesbian women and gay men. Although Cass (1979, 1984) acknowledged the potential impact of societal change on the identity development process, her model and other early models focused exclusively, almost excessively, on internal processes while neglecting the impact of heterosexism and oppression on the gay and lesbian individual (D’Augelli, 1994).

These stage models of homosexual identity development typically begin with individuals using a variety of defenses to ward off awareness of homoerotic feelings. The stress related to the disavowal and minimization of these feelings may eventually impact the individual’s overall emotional health. For some, the gradual realization and tentative acceptance of homoerotic feelings emerge as the individual begins to view oneself as not being heterosexually oriented. This realization typically leads to emotional and behavioral experimentation with partners of the same sex, which often leads to a deeper sense of personal normality. At this juncture in the developmental process, some of the models include a personal crisis, such as the ending of a first relationship, which leads to the reemergence of homonegative feelings. As the individual again begins to accept her or his experience of homoerotic feelings, a sense of personal identity as lesbian or gay develops and becomes a more integrated, positive aspect of self (Bilodeau & Renn, 2005; Cass, 1979, 1984; Gonsiorek, 1988; Troiden, 1979).

Despite the relative popularity of stage models, many scholars have addressed the various limitations of these models. According to Bilodeau and Renn (2005), the apparent differences in the stage models illustrate the difficulty in describing the complex psychosocial process of homosexual identity development with only one model. Yet, given the predominance of these models in the literature, they must represent the developmental process with some degree of
accuracy. However, many of the studies that have informed these models have used retrospective data from small samples of mostly adolescent gay male informants, rendering these representations inadequate for women and bisexuals (Calzo, Antonucci, Mays, & Cochran, 2011). According to D’Augelli (1994), the essentialist position that holds that identity is normatively achieved at a certain point in time, such as in adolescence or early adulthood, “has dominated psychological models of development, reflecting a philosophical position that privileges certain kinds of individual action, reflection, and accomplishment while marginalizing others” (p. 312). Ignoring the sociopolitical context of identity formation, including the multiple identities held by gays and lesbians, tends to perpetuate heterosexist privilege and ignore the victimization that non-heterosexual people must endure. Additionally, these models have been criticized for their lack of cross-cultural relevance (Gonsiorek, 1988), and for their perpetuation of oppressive understandings of gender and sexuality (Fields, 2001).

**Significance of Parents on Gay and Lesbian Children’s Overall Adjustment**

Models of sexual orientation identity development often consider disclosure or “coming out” to parents and family members to be part of a normative developmental process (for example, see Cass, 1979, 1984; Coleman, 1982; D’Augelli, 1994; Floyd & Stein, 2002; Troiden, 1988). Many protective factors associated with disclosing one's sexual orientation to parents, particularly during adolescence, have been identified. In a population-based study, researchers have demonstrated that the reactions of the people to whom disclosures are made determine whether or not coming out relieves stress and bolsters the individual’s adjustment (Rothman, Sullivan, Keyes, & Boehmer, 2012). The supportive reactions of the person(s) initially disclosed to have been considered germane for the development of self-acceptance and for shielding the gay or lesbian individual from rejection, including indirect rejection by society (Coleman, 1982).
Parental acceptance has been shown to buffer youth from the impact of verbal victimization (D'Augelli, 2003; Evans, Hawton, & Rodham, 2004; Hershberger & D'Augelli, 1995), promote greater comfort in one’s identity as lesbian or gay (Savin-Williams, 1989), be correlated with higher levels of self-esteem and well-being (Boxer, Cook, & Herdt, 1991; D'Augelli, Hershberger, & Pilkington, 1998; Elizur & Ziv, 2001; Floyd, Stein, Harter, Allison, & Nye, 1999; Goldfried & Goldfried, 2001; Jordan & Deluty, 1998; Lasala, 2000; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Savin-Williams, 1989) and has been shown to contribute to closer relationships with parents post-disclosure (Ben-Ari, 1995; Cramer & Roach, 1988; Floyd et al., 1999; Jordan & Deluty, 1998; Savin-Williams & Dubé, 1998).

The literature has documented that disclosing one's lesbian, gay or bisexual (LGB) sexual orientation to parents is a significant event (Elizur & Ziv, 2001; Floyd & Stein, 2002; Henderson, 1998; Phillips, 2007; Savin-Williams, 2001) and that not disclosing to parents can have damaging sequelae such as depression (Goldfried & Goldfried, 2001; Gramling, Carr, & McCain, 2000); substance abuse (Friedman & Downey, 1994; Goldfried & Goldfried, 2001); suicidal behaviors (D'Augelli & Hershberger, 1993; Goldfried & Goldfried, 2001; Rotheram-Borus, Hunter, & Rosario, 1994); homelessness and HIV infection (Ryan, Huebner, Diaz, & Sanchez, 2009), and other health risks (Cochran, Sullivan, & Mays, 2003; Gruskin, Hart, Gordon, & Ackerson, 2001; Heck, Sell, & Gorin, 2006; Wilsnack et al., 2007).

It has been demonstrated that LGB youth who come from rejecting families are six times as likely to report high levels of depression, eight times as likely to have attempted suicide, three times as likely to use illegal drugs, and three times as likely to be at risk for HIV and sexually transmitted diseases (Ryan, 2009), 50% as likely to have experienced suicidal thoughts, and more likely to have engaged in high-risk sexual behaviors than their peers from non-rejecting
families (Ryan, Huebner, Diaz, & Sanchez, 2009). In support of these findings, Rothman, Sullivan, Keyes and Boehmer (2012) found that when parents react unsupportively when their children disclose their lesbian, gay, or bisexual orientation, this may contribute to the children’s increased odds of depression and hazardous substance abuse. In a literature review focusing on verbal and physical abuse of LBG youth, Savin-Williams (1994) identified additional negative outcomes that have been correlated with parental rejection; these include school-related problems, criminal activity, prostitution, and running away from home.

Typical disclosure patterns of gay sons and lesbian daughters highlight the significance of coming out to one’s parents, in that parents are frequently the last to know. Often gay and lesbian individuals report a desire for closeness as the primary motivation in disclosing their sexual orientation to their parents (Savin-Williams, 2001). Typically, lesbian and gay youth disclose first to themselves, then to lesbian and gay friends, heterosexual friends, siblings, parents, and lastly, close work friends (Ryan & Futterman, 1998). According to Savin-Williams (2001), youth do not disclose to mother because they fear losing her love and support; to father, for fear of physical retaliation. Sons are more likely than daughters to report fear of negative reactions as the primary deterrent to coming out to parents. Therefore, factors such as parent and child gender are vital to understanding why youth disclose or withhold information about their sexual orientation within the family.

**Parental Experiences Surrounding Children’s Coming Out**

The earliest descriptions of parental reactions to the discovery of a child’s gay or lesbian sexual orientation were written by parents with the explicit purpose of helping other families adjust and heal (e.g., Bernstein, 1995; Borhek, 1983; Fairchild & Hayward, 1978). With the exception of a few qualitative reports (Fields, 2001; Goodrich, 2009; Phillips, 2007; Phillips &
Ancis, 2008; Saltzburg, 2004), little is known about parents’ developmental processes in regards to their roles as parents of stigmatized children (C. Conley, personal communication, July 18, 2012). Additionally, quantitative literature addressing the experiences of parents’ post-discovery experiences is lacking (Goodrich, 2009; Savin-Williams & Dubé, 1998). Some authors have described negative reactions that parents express post-disclosure (Ben-Ari, 1995; Boxer, et al., 1991; D’Augelli, Hershberger, & Pilkington, 1998; Fields, 2001; Henderson, 1998; Hetrick & Martin, 1987; Robinson, Walters, & Skeen, 1989, Saltzburg, 2004; Strommen, 1989), but little is known about the intrapsychic processes that contribute to these reactions (Goodrich, 2009) and many of these reports are from the perspective of children, not parents (Saltzburg, 2004).

Qualitative researchers who have explored parental experiences directly have been able to highlight various dimensions of parents’ post-disclosure reactions. Robinson, Walters and Skeen (1989) found some evidence that parents experience a grief reaction, similar to the stages defined by Kübler-Ross (1969, as cited in Savin-Williams & Dubé, 1998). Factors such as knowing a gay or lesbian person prior to their child’s coming out (Ben-Ari, 1995; Kircher & Ahlijah, 2011) and receiving a separate, intimate disclosure have been shown to help parents adjust and become more accepting (Ben-Ari, 1995). Goodrich (2009) documented that feelings of anger and fear of rejection have been shown to predict negative post-discovery dynamics for both parents and their gay and lesbian children; for children, it creates reticence in coming out, and for parents, contributes to excessive feelings of guilt. Goodrich (2009) has explored the factors that relate to family functioning, post-disclosure. Social support and cognitive flexibility were more influential than heterosexism on post-disclosure family adaptation. Spouses were listed most frequently as the most important source of social support, which provided a
foundation for parents to seek additional support outside of the family (Goodrich & Gilbride, 2010).

Lastly, Conley (2011a, 2011b), in her work with Parents and Friends of Lesbians and Gays (PFLAG), devised the Concerns of Parents and Lesbians and Gays (COPLAG; 2011c), an instrument that is designed to assess parents’ most salient concerns about having gay and lesbian children. The instrument includes three categories of concerns; love loss; physical and psychological well-being of their child; and parent ego (i.e., concerns about what others may think of them for having a gay or lesbian child). Conley found that parents’ concerns about having gay or lesbian children differ depending on the gender of the parent, gender of the child, awareness of stigma, and the perceptions of parents’ own gender role characteristics. Overall, parents reported higher concern levels for their sons than daughters in the area of well-being, and mothers reported higher overall concern levels than fathers.

**Relationships Between Attachment Style and Gay and Lesbian Experiences**

Based on a review of the literature, very few researchers have examined the influence of attachment style on various dimensions of coming out experiences, and none have included parents’ attachment styles. Overall, the LGBT population experiences a statistically higher level of detachment from parents in comparison to heterosexuals, indicating a lack of fundamental support (Gonsiorek, 1988; Wilson, Zeng, & Blackburn, 2011).

In a study examining the relationship among parental attachment, sexual self-disclosure to parents, and dysfunctional cognitions in a sample of 113 gay and lesbian adults, Holtzen, Kenny, and Mahalik (1995) found that a secure attachment to mothers and fathers was associated with disclosure to parents and length of time since disclosure, confirming their hypothesis that self-disclosure to parents is a risk-taking behavior that would be supported by secure attachment
relationships. Secure attachment to parents was negatively associated with vulnerability to depression and related cognitions. Gay men’s attachment security has been associated with positive attitudes toward their own homosexuality and successful negotiation of the coming out process (Jellison & McConnell, 2003). In support of these findings, Mohr and Fassinger (2003) found that fearfully avoidant participants (i.e., those who scored high on both attachment anxiety and attachment avoidance) were preoccupied with issues related to acceptance—both self-acceptance and being accepted by others; and attachment avoidance was found to have a negative association with the individual’s level of public “outness.”

Attachment style has been used to help predict parents’ reactions to coming out and consequences for romantic attachment. Utilizing a path model, Carnelley, Hepper, Hicks and Turner (2011) demonstrated that gay, lesbian, and bisexual individuals who perceived their mother as accepting in childhood were more likely to have come out to her, and parents who were perceived as accepting and independence-encouraging in childhood were reported to react more positively to their child’s sexual orientation. Further, individuals’ perceptions of parental care also impacted their romantic attachment style, which ultimately influenced their ability to trust and feel optimistic in their romantic relationships. In a study of Israeli gay men, Elizur and Mintzer (2003) found that factors such as income, social support, and romantic attachment security have been shown to predict relationship quality.

Using an experimental design, Diamond, et al. (2011) provided some evidence that attachment-focused family therapy has the potential to alter adolescents' internal working models of attachment and consequently reduce their suicidal ideation and depressive symptoms. Parents were able to empathize and become psychologically available to hear and attend to their child’s attachment-related needs and concerns only after working through their own feelings of shame,
disappointment, fear, and anger associated with their child’s sexual orientation. A completer analysis indicated that there was a significant decrease in both attachment-related anxiety and avoidance for the adolescents over the course of treatment.

**Summary**

Despite the significant role parents play in the adjustment and well-being of their gay and lesbian children, questions still abound about the intrapsychic experiences of parents following their children's disclosure of their gay or lesbian sexual orientation (Ben-Ari, 1995; Goodrich, 2009; Goodrich & Gilbride, 2010). Gay and lesbian individuals regularly endure oppressive contextual conditions that frequently involve rejection and censure; therefore, the coming out process is inherently threatening and consequently activates the individual’s attachment system. Researchers have demonstrated that coming to terms with being lesbian, gay, or bisexual is partly influenced by attachment style because the process involves exploration, threats to well-being, and concerns about acceptance and rejection (Fassinger, 1991 as cited in Mohr & Fassinger, 2003). Parents, paralleling their child’s coming out process, are thought to have their own process of coming to terms with their child’s sexual self-disclosure (LaSala, 2010).
Chapter Three

Methodology

In this chapter, the purpose of the study and the research questions are reviewed and the variables (independent and dependent) are identified. The psychometric properties of the following selected instruments are discussed: Concerns of Parents of Lesbians and Gays (COPLAG; Conley, 2011b, 2011c) and Experiences in Close Relationship Scale-Short Form (ECR-S; Wei, Russell, Mallinckrodt, & Vogel, 2007). Also, the data collection and analysis methods are delineated.

Purpose of the Study

The purpose of this study was to explore the specific concerns that parents hold about having gay and lesbian children and to determine how parents’ personal and contextual factors influence concerns. A review of the literature demonstrated that parental support for gay and lesbian youth is correlated with higher levels of self-esteem and overall well-being (D’Augelli, Hershberger, & Pilkington, 1998; Elizur & Ziv, 2001; Family Acceptance Project, n.d.; Floyd, Stein, Harter, Allison, & Nye, 1999) and contributes to the psychological adjustment of gay and lesbian individuals (Ryan & Futterman, 1998). Despite the significant influence that parents have on their gay and lesbian children’s well-being, very little is known about parents’ concerns (Conley, 2011a) and the internal processes that contribute to their reactions (Savin-Williams & Dubé, 1998, Goodrich & Gilbride, 2010). Additionally, very little empirical data surrounding the experiences of parents of gay and lesbian children exists (Conley, 2011b; Goodrich, 2010; Savin-Williams & Dubé, 1998), and rarely have parents been asked directly about their experiences; typically, gay and lesbian children report on their parents’ responses from their own
perspectives (Savin-Williams & Dubé, 1998). As such, no known parent-based interventions have been developed to help parents support their LGB child (Bouris et al., 2010).

This study used infant and adult attachment theory as a framework for understanding how the factors of attachment anxiety and avoidance, parent and child gender, amount of time since disclosure, and parents’ prior interpersonal contact with gay or lesbian people interact to influence parental concerns about having gay and lesbian children.

**Research Questions**

The following research questions were investigated:

1. What is the relationship between parents’ attachment anxiety and their overall concerns about having gay and lesbian children?
2. What is the relationship between parents’ attachment avoidance and their overall concerns about having gay and lesbian children?
3. What is the relationship between parents’ overall concerns about having gay and lesbian children and the amount of time since their children disclosed being gay or lesbian?
4. Are there statistically significant mean differences in parents’ overall concerns across gender of parents and children and parents’ prior interpersonal contact with a gay or lesbian person?

**Variables**

This study contained one dependent variable, parental concerns. The Concerns of Parents of Lesbians and Gays (COPLAG; Conley, 2011b, 2011c) was used to assess the specific areas and magnitude of parents’ overall concerns about having gay or lesbian children after learning of their children’s sexual orientation.
The independent variables for this study included attachment anxiety and avoidance, parent and child gender, amount of time since disclosure, and parents’ prior interpersonal contact with gay or lesbian people. The Experiences in Close Relationship Scale-Short Form (ECR-S; Wei, et al., 2007) was used to measure the first independent variable, attachment style (i.e., attachment avoidance and attachment anxiety). Researchers have noted the various links between adult attachment style and various factors related to gay, lesbian, and bisexual adults’ coming out experiences (Carnelley, Hepper, Hicks, & Turner, 2011; Diamond, et al., 2012; Jellison & McConnell, 2003).

The second independent variable was parent gender. Previous studies have documented the influence of parent gender on disclosure patterns, levels of acceptance, and concern levels. Mothers and sisters are more likely to be accepting of a family member’s gay or lesbian sexual orientation, in comparison to fathers or brothers (Diamond, et al., 2012), and adolescents tend to disclose to mothers more frequently than to fathers (Ben-Ari, 1995; Boxer, Cook, & Herdt, 1991; D’Augelli, 2003; D’Augelli, Hershberger, & Pilkington, 1998). Furthermore, mothers tend to report higher concern levels about having gay and lesbian children than fathers (Conley, 2011a).

The third independent variable that has been found to impact parental concerns about having gay or lesbian children is child gender. Scholars have demonstrated that parents typically have heightened concerns for their gay sons in comparison to their lesbian daughters (Ben-Ari, 1995; Conley, 2011a), and that more is known about the mother-son dyad than any other parent-child configuration (Savin-Williams, 2001).

The fourth independent variable in this study was the amount of time since disclosure. Researchers have demonstrated that time is an essential factor in parents’ post-disclosure adaptation (Phillips, 2007; Saltzbourg, 2004). Although there is some discrepancy in opinions
regarding the specific amount of time post-disclosure that parents need in order to fully grieve, some authors have suggested two (Borhek, 1983; Saltzburg, 2004) to five years (Woog, 1997, as cited in Kircher & Ahlijah, 2011).

Finally, the fifth independent variable was prior interpersonal contact with a gay or lesbian person(s). In previous research, direct contact has been a method for overcoming various types of prejudice (Allport, 1954) and has positively influenced parents’ adaptation processes following their children’s coming out as gay or lesbian (Goldfried & Goldfried, 2001; Kircher & Ahlijah, 2011; Saltzburg, 2004).

**Instruments**

Three instruments were used to collect the data. Those were the Demographic Instrument, the COPLAG (Conley, 2011c), and the ECR-S (Wei et al., 2007). The format of the survey combined the content areas including demographic variables, parental concerns, and attachment styles. All questions that were required for the statistical analyses were entered as forced choice questions in the online survey program (Qualtrics©).

**Demographic Instrument.** The Demographic Instrument was developed by the researcher (see Appendix A). Ten questions were included in the original questionnaire regarding social and demographic characteristics of parent and child gender, parent and child age, child’s age at time of coming out disclosure to parents, parents’ level of education, parent and child race/ethnicity (i.e., White, Hispanic, Black, Native American, Asian/Pacific Islander, or Other), amount of time parents have known about their children’s gay or lesbian sexual orientation (i.e., one year or less; between one and two years; between two and three years; between three and four years; and between four and five years, more than five years), and
amount of prior interpersonal contact with a gay or lesbian person using a seven-point Likert-type response format with responses ranging from 1 (no contact) to 7 (significant contact).

**Concerns about Parents of Lesbians and Gays (COPLAG).** The COPLAG scale is a self-report instrument that measures parents’ concerns about having gay or lesbian children upon their learning of their children’s sexual orientation. It is a 21-item scale that was developed and validated by Conley (2011b, see Appendix B) in her research with nationwide chapters of PFLAG support groups. The COPLAG has three subscales: Well-Being, Parent Ego, and Love Loss. The Well-Being subscale measures parents’ concerns about their children’s physical and psychological welfare (10 items); Parent Ego measures concerns about how society may view them as a result of having gay or lesbian children (seven items); and Love Loss measures parents’ concerns about being rejected by loved ones if they were to find out that the parent had a gay or lesbian child (four items, Conley, 2011c).

The COPLAG provides statements about common concerns that parents experience when they first learn that their children are gay or lesbian. Parents are prompted to specify their level of agreement with statements on a scale of 1 (not at all concerned) to 7 (extremely concerned). Each statement begins with the phrase, “When you FIRST learned that your child is gay or lesbian, to what extent were you concerned that…,” followed by a concern statement such as “your child will never live a happy life” (Well-Being). An example of an item assessing Parent Ego is “you would be judged as a parenting failure by society because your child is gay or lesbian.” An example of a statement measuring concerns about Love Loss is “you may lose friends if they learned that your child is gay or lesbian.” Participants’ scores can range from 21 to 147; higher scores on the COPLAG indicate greater concern. Parents’ concern levels are calculated by summing the scores from each item on each subscale to achieve a total score. The
Well-Being subscale has a possible score range of 10 to 70, Parent Ego has a score range between 7 and 49, and Love Loss a range of 4 to 28 (Conley, 2011c).

In the COPLAG initial piloting, the internal consistency of each of the three subscales was shown to be very strong and the Cronbach alphas were high: Well-Being .91, Parent Ego .88, and Love Loss .89. Due to the anonymity of the sampling design of the survey and its single administration format, Conley (2011b) did not conduct test-retest reliability of the COPLAG. Face validity of the three factors was established in two ways. Conley later attended a PFLAG meeting and requested that participants rate their levels of agreement regarding the factors that explained the COPLAG scale structure. More than 89% of the parents agreed that each of the factors assessed what the items were originally designed to measure (i.e., Well-Being, Love Loss, and Parent Ego); however, there were several neutral responses regarding the agreement that Parent Ego measured parents’ feelings about being judged for having a gay or lesbian child.

In addition to querying the sample population about the face validity of the COPLAG, individuals with expertise in scale development reviewed the items in the three factor solution, and confirmed adequate face validity (Conley, 2011b).

Criterion-related validity was assessed by examining the correlation between the COPLAG and the Stigma Consciousness Questionnaire (SCQ), an ordinal-level scale. The SCQ measures individual consciousness of stigmatized statuses. COPLAG and SCQ were moderately correlated: Well-Being, $r = .440$; Parent Ego, $r = .422$; and Love Loss, $r = .270$. Social desirability bias was also assessed using the Balanced Inventory of Desirable Reporting (BIDR). None of the three factors was significantly correlated with self-deception: Well-Being, $r = -.112$, Love Loss, $r = .006$, Parent Ego, $r = -.079$; therefore, the COPLAG is considered to be free of social desirability bias.
Permission to use the COPLAG was obtained via email communication with the author (see Appendix C). In granting permission to use the scale, Conley (personal communication, February 6, 2013) asserted that much confirmatory work still remains to be completed on the scale. The COPLAG has not been evaluated for its psychometric properties (e.g., reliability and validity) beyond its development phase (Conley, 2011b).

**Experiences in Close Relationship Scale-Short Form (ECR-S).** The Experiences in Close Relationship Scale-Short Form (ECR-S; Wei, et al, 2007; see Appendix D) is a 12-item self-report instrument that is used to measure adult attachment style and was derived from Brennan, Clark and Shaver’s (1998) 36-item instrument, the Experiences in Close Relationships scale (ECR). Following the format of the ECR, the ECR-S has two subscales, attachment anxiety and attachment avoidance. Permission to use the ECR-S was obtained via email communication with the author (see Appendix E).

Attachment anxiety refers to the extent one worries about rejection and abandonment, has an excessive need for approval from others, and experiences distress when one’s partner is not available or responsive. Attachment avoidance corresponds to a person’s discomfort with closeness and dependency, a reluctance to be intimate with others, and an excessive need for self-reliance (Wei et al., 2007; Brennan et al., 1998). Brennan et al. (1998) sought to define attachment styles in terms of regions in a two-dimensional space, and the ECR-S can be used to classify individuals dimensionally or categorically, although the scale developers caution that some power and precision are lost when categories rather than continuous scales are used. Each subscale of the ECR-S includes six items that use a seven-point Likert-type response format with responses ranging from 1 (disagree strongly) to 7 (agree strongly). An example item from the ECR-S attachment anxiety subscale is, “I need a lot of reassurance that I am loved by my
partner;” and an example from the attachment avoidance subscale is, “I try to avoid getting too close to my partner” (Wei, et al., 2007). The ECR-S scoring instructions are included with the instrument; each subscale has a score range of 1 to 42.

Brennan, Clark and Shaver (1998) developed the ECR by conducting a factor analysis of the 36 items from all of the available self-report measures of attachment. Their analyses produced the two discriminant constructs: Anxiety and Avoidance, akin to the dimensions Ainsworth, et al. identified in 1978 (Brennan, et al., 1998). In an item response theory analysis of the ECR and three other self-report adult attachment scales, Fraley, Waller and Brennan (2000) found that the ECR displayed the best psychometric properties.

Wei, et al. (2007) developed the ECR-S across six studies. In the first study, they selected the best items from the original ECR to include in the short version, evaluated the internal reliability of the Anxiety and Avoidance subscales from the ECR-S using a sample of 442 college students, and compared the factor structure of the ECR to the ECR-S using a confirmatory factor analysis. The coefficient alphas were .78 (Anxiety) and .84 (Avoidance) for the 12-item ECR-S and .92 (Anxiety) and .93 (Avoidance) for the ECR. Correlations between the Anxiety and Avoidance subscales were $r = .19$ and $r = .17$ for the ECR-S and ECR, respectively, which indicated that these two measures reflected distinct dimensions of attachment. Correlations between the short and original versions of each subscale were .95 indicating that the ECR-S and ECR assess the same underlying dimensions. Lastly, to account for the possible influence of a systematic error of response sets that might be due to the positively and negatively worded items, Wei, et al. (2007) tested four different models via confirmatory factor analysis and found that the two-factor oblique structure (Anxiety and
Avoidance) for both versions of the ECR provided an adequate fit after removing the systematic error due to the response sets.

In their second study, Wei, et al. (2007) replicated the reliability and factor structure found in Study 1 in a new sample of 425 college students, and compared the ECR-S and ECR in terms of construct validity. The level of reliability for the two subscales was very similar to that found in Study 1: .78 (Anxiety) and .88 (Avoidance) and .93 (Anxiety) and .94 (Avoidance) for the ECR-S and ECR, respectively. Correlations between the Anxiety and Avoidance subscales were $r = .28$ for the ECR-S and $r = .30$ for the ECR, indicating that the two measures of anxiety and avoidance assessed distinct dimensions of attachment. Additionally, their findings suggested considerable support for the construct validity of both versions of the ECR, and structural equation modeling analysis was used to examine whether the validity evidence was equivalent for the original 36-item ECR and the 12-item ECR-S.

In Study 3, Wei, et al. (2007) replicated the reliability and factor structure of the ECR and ECR-S found in Studies 1 and 2, and compared the construct validity of these two scales for a different sample of 229 undergraduate students and for a different set of validity criteria. The level of reliability for the two subscales was very similar to that found in Studies 1 and 2: .79 (Anxiety) and .87 (Avoidance) and .92 (Anxiety) and .93 (Avoidance) for the ECR-S and ECR, respectively. The correlations between the Anxiety and Avoidance subscales were equivalent for the ECR ($r = .20$) and ECR-S ($r = .25$), indicating that these two subscales assess distinct dimensions of attachment. Similar to Studies 1 and 2, the correlations between the short and original version of the Anxiety subscale and the short and original version of the Avoidance subscale were .94 and .95, respectively, indicating that these two versions of the subscales were assessing the same underlying construct. Further evidence of construct validity was provided by
the significant correlations between attachment anxiety and avoidance and measures of anxiety ($r = .18$ and $r = .19$, respectively), depression ($r = .16$ and $r = .19$, respectively), interpersonal distress ($r = .25$ and $r = .24$, respectively), and loneliness ($r = .39$ and $r = .43$, respectively) for the ECR-S.

Study 4 was designed to examine test-retest reliabilities of the short and original versions of the ECR in a sample of 122 college students (Wei et al., 2007). The level of reliability for the two subscales was very similar to those found in the previous three studies at both Time 1 and Time 2; $r = .81/.81$ (Anxiety) and $r = .88/.87$ (Avoidance) and $r = .93/.94$ (Anxiety) and $r = .95/.95$ (Avoidance) for the ECRS-S and ECR, respectively. Over a 1-month interval, the test-retest reliabilities of the six-item Anxiety and Avoidance subscales were $r = .80$ and $r = .83$, respectively. Correlation equivalence testing demonstrated that the test-retest reliabilities were equivalent for the ECR and ECR-S subscales, and the results from four paired-sample $t$ tests indicated that there were no statistically significant mean differences for either subscale at the first and second administrations of either version of the ECR ($p > .05$; Cohen’s $d$s = -.10 to .03).

The fifth study was conducted in order to evaluate the reliability, factor structure, and validity of the 12-item ECR-S with 257 undergraduate students when the items were presented independently (i.e., not embedded in the original 36-item instrument). Additionally, Wei, et al. (2007) sought to provide further construct validity, utilizing several new variables: comfort with self-disclosure, fear of intimacy, and psychological distress, in addition to those presented in earlier studies. The internal consistency for the two ECR-S subscales was very similar to the values obtained in Studies 1 through 3; $r = .77$ (Anxiety) and $r = .78$ (Avoidance). The correlation between the Anxiety and Avoidance subscales was .28, indicating that the ECR-S subscales assessed distinct dimensions of attachment. Correlation equivalence testing indicated
that the correlations between administering the ECR-S as a stand-alone measure and as part of the original 36-item ECR were insignificant. Wei, et al. (2007) followed the same procedures used in Studies 1, 2, and 3 to test two different factor models. The results suggested that the two factors structure (Anxiety and Avoidance) for the ECR-S fit the data after removing the influence of response sets ($p < .001$). Lastly, the results of the construct validity analyses supported the validity of the ECR-S. Attachment anxiety and avoidance were significantly correlated with anxiety ($r = .32$ and $r = .21$, respectively), depression ($r = .32$ and $r = .31$, respectively), and psychological distress ($r = .41$ and $r = .31$, respectively). The results from $t$ tests for dependent correlations indicated that the associations of emotional cutoff, $t (254) = -4.70$, $p < .001$ or fear of intimacy, $t (254) = -7.75$, $p < .001$ with attachment avoidance were significantly higher than those with attachment anxiety. Social desirability bias was also assessed using the Balanced Inventory of Desirable Reporting (BIDR). Neither Anxiety ($r = -.14$) nor Avoidance ($r = -.15$) was correlated with response bias. Using correlation equivalence analyses, the construct validity correlations of attachment anxiety and avoidance with excessive reassurance seeking, depression, emotional reactivity, emotional cutoff, anxiety, and depression and the items embedded in the 36-item ECR were all found to be not significant.

In their final study, Wei, et al. (2007) examined the test-retest reliability when the 12-item ECR-S was administered alone to a sample of 65 college students. Reliability for the two subscales was very similar to those found in previous studies at both Time 1 and Time 2; $r = .84/.86$ (Anxiety) and $r = .85/.88$ (Avoidance). Over a 3-week interval, the test-retest reliabilities of the six-item Anxiety and Avoidance subscales were $r = .82$ and $r = .89$, respectively. Comparing the test-retest reliability of the ECR-S as a standalone measure when it was administered as part of the 36-item ECR in Study 4, the nonsignificant results for the Anxiety
subscale, $\chi^2 (1, N=65) = 0.20, p = .65$, and the Avoidance subscale, $\chi^2 (1, N=65) = 3.30, p = .07$, indicated that the test-retest reliabilities were equivalent when the ECR-S was administered alone or as part of the 36-item ECR. Additionally, two paired-sample $t$ tests indicated that there were no statistically significant mean differences on the Anxiety or Avoidance subscales at the first and second assessments, $t(64) = 0.06, p = .95$, Cohen’s $d = .01$; and $t(64) = -1.88, p = .06$, Cohen’s $d = -.11$, respectively when administered alone.

Data Collection

Approval was gained prior to data collection from the University of New Orleans (UNO) Institutional Review Board (IRB) on December 2, 2013 (see Appendix F). Minimal risks were thought to be involved in participation in this study. However, respondents may have experienced unpleasant thoughts and feelings as a result of answering questions about their concerns.

As directed by the PFLAG national office, invitational letters were emailed and mailed via the United States Postal Service directly to each PFLAG chapter (see Appendix G). The email message included an informational letter (see Appendix H), informed consent (see Appendix I), and a link to the Qualtrics © survey. The voluntary basis of the study was emphasized and parents were informed that they could decline to participate if they did not feel comfortable answering some or all of the questions (see Appendix H). It was at the discretion of each chapter leader as to whether or not the informational letter and request for participation were shared with members. Some chapters declined to participate, and they were not considered part of the study. Two parents emailed, requesting to complete a paper survey. A hardcopy survey and a return address postage paid envelope were mailed to each parent.
Following the initial survey invitation, several chapter leaders and PFLAG parents emailed to request permission to post the survey link on both their personal Facebook page and their respective chapter’s Facebook page; to suggest that the researchers post the survey information on their respective chapter’s Facebook page; to comment on their experiences completing the survey; and to inform the researchers of various personal and structural issues with the survey (see further discussion in Chapter 4). Additionally, some of the PFLAG chapters, including those in my metropolitan hometown, had a strict policy of not distributing research requests, but invited me to attend regularly scheduled meetings to announce the study. Prior to amending any participant solicitation activities, a modification request was submitted to the UNO IRB seeking approval to include Facebook and in-person attendance at PFLAG meetings. Approval was granted by the UNO IRB on February 4, 2014 (see Appendix J & Appendix K) and these additional solicitation activities were immediately initiated.

The researcher “joined” or “followed” a total of 120 Facebook pages belonging to PFLAG chapters that were located within and outside of the United States. To further increase participation, in March 2014, a brief introductory video inviting parents to participate in the study was recorded by the researcher and was posted along with the Facebook survey invitation. This solicitation strategy garnered an increase in responses, and data collection was completed by May 2014.

Data Analysis Methods

To analyze the four research questions, several statistical analyses were utilized including descriptive statistics, bivariate correlation, and independent samples t-test. Once raw data were collected, variables were coded and entered into IBM SPSS version 19.0 for further analysis. Data were scanned for outlier cases and to ensure that parents met the inclusion criteria regarding
parent and child gender. For all of the data analyses, an alpha level of .05 was used to minimize the potential for a Type I error.

**Research question 1.** What is the relationship between parents’ attachment anxiety (ECR-S subscale, six even-numbered items) and their overall concerns about having gay and lesbian children (COPLAG)?

**Data analysis.** Bivariate correlation using the Pearson product-moment correlation coefficient was used to examine the relationship between parents’ ECR-S attachment anxiety scores (Wei, et al., 2007) and COPLAG scores (Conley, 2011c).

**Research question 2.** What is the relationship between parents’ attachment avoidance (ECR-S subscale, six odd-numbered items) and their overall concerns about having gay and lesbian children (COPLAG)?

**Data analysis.** Bivariate correlation using the Pearson product-moment correlation coefficient was used to examine the relationship between parents’ ECR-S attachment avoidance scores (Wei, et al., 2007) and overall parental concerns as measured by their overall score on the COPLAG (Conley, 2011c).

**Research question 3.** What is the relationship between parental concerns about having gay and lesbian children (COPLAG) and the amount of time since their children disclosed being gay or lesbian (demographic item #9)?

**Data analysis.** Bivariate correlation using the Pearson product-moment correlation coefficient was used to examine the relationship between amount of time since their children disclosed (demographic, item #9) and parents’ COPLAG scores (Conley, 2011c).
**Research question 4.** Are there statistically significant mean differences in parents’ overall concerns (COPLAG) across gender of parents and children (demographic items #1 & 2), and parents’ prior interpersonal contact (demographic item #10) with a gay or lesbian person?

**Data analysis.** Two separate independent samples $t$-test were used to analyze mean differences of parents’ overall concern scores across child gender and parents’ prior interpersonal contact with a gay or lesbian person. To obtain contact levels, parents were grouped according to their response on demographic item #10. Parents who reported little or no contact by selecting 1, 2 or 3 on the Likert item were classified as Low Contact, and parents who report 5 or above were categorized as High Contact. Parents who indicated 4 (“unsure”) were excluded from this analysis.
Chapter Four

Results

The purpose of this study was to explore the concerns of parents upon learning about their child’s gay or lesbian sexual orientation from the conceptual framework of attachment theory. In this chapter, changes made to the instruments are discussed. Then, characteristics of the sample are outlined and descriptive statistics are reported on results of the COPLAG and the ECR-S. Additionally, the research questions are explored and results of inferential statistical analyses are discussed.

Revisions to Instrumentation

Following the initial piloting of the online survey, participant feedback indicated that there were errors or omissions in the Informed Consent Request Letter to Parents, Demographic Instrument, and the COPLAG. Revisions were made as described in this section. The initial Informed Consent Request Letter to Parents described the study as an exploration of parental concerns about having gay and lesbian children. For the majority of the PFLAG chapters, the study invitation was sent to the entire membership, which included gender variant parents and children, heterosexual allies who are not parents, and bisexual parents and children, in addition to target participants who were parents of gay and lesbian children. Numerous prospective participants emailed the researcher reporting feelings of exclusion because the invitational letter did not specify the reasons why only parents of gay and lesbian children were being solicited, and of confusion because they had received the invitation from their respective chapters. Therefore, the following statement was added to the letter to sensitively indicate the study’s delimitations: “For this particular study, we are seeking responses from parents of gay and
lesbian children only. Although we value the experiences of parents of bisexual, genderqueer, transgender, and intersex children and their allies, this particular study is limited in its scope.”

In addition to the feedback surrounding experiences of exclusion related to the informed consent, participants also reported dissatisfaction with the answer choices for parent and child gender in the Demographic Instrument. Initially, two answer choices were provided for gender: male or female. Several participants emailed the researcher reporting that their gender identity and/or their child’s gender identity does not fall within the gender binary (i.e., male or female), and that multiple gender identities exist. Therefore, a third answer choice, “Other,” was added to both the parent and child gender demographic questions, with text boxes allowing for elaboration. An additional question was added to the end of the survey allowing participants to write comments, if desired.

Additionally, the COPLAG instructions were to answer each of the 21 items on a scale of 1 (not at all concerned) to 7 (extremely concerned); however, the answer choices that were presented were on a scale of 1 to 100. After notification from parents indicating that it was difficult to answer on a scale of 1 to 7 with the scale indicating 1 to 100, the COPLAG was corrected to the scale of 1 to 7 and parents were invited to participate again. Due to these errors, the initial data set of 126 parents was rendered invalid. Data collection was reinitiated with the corrected answer choice options added to the COPLAG. To discern possible parents who were repeat participants, an additional question was included in the survey that asked parents to indicate if it was their first or second survey attempt. Of the total 296 participants, only 17 parents completed the survey twice.

To be included in the data analysis for this study, parents were required to complete all three instruments (i.e., Demographic Instrument, COPLAG, ECR-S), identify as male or female,
and be the parent of a gay male or lesbian female identified child. Parents who listed their child’s gender as transgender, fluid, or both (male and female) were omitted from the analysis. Although a precise response rate for this study cannot be determined due to the electronic data collection methods employed, a total of 463 parents responded to the survey, 447 parents offered their consent to participate, and 296 met the criteria to be considered participants, resulting in a 64% completion rate.

**Demographic Data**

Parent gender is described in Table 1. A total of 257 parents, or 86.8% of the sample, were female. In comparison, 39 parents (13.2%) were male.

Table 1

*Parents’ Gender (N = 296)*

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<thead>
<tr>
<th>Gender</th>
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<th>%</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
<td>257</td>
<td>86.8</td>
</tr>
<tr>
<td>Male</td>
<td>39</td>
<td>13.2</td>
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</table>

Parents were asked to report if they were completing the survey with their gay sons or lesbian daughters in mind. More than half of the sample indicated that they were answering the questions for their sons ($n = 180, 60.8\%$) and approximately 40% of the parents’ answers pertained to their lesbian daughters ($n = 116, 39.2\%$). See Table 2.
The majority of the parents were ages 40 to 69. The distribution of ages of the parents was: 30 to 39 years old, 4.7% \((n = 14)\), 40 to 49 years old, 19.6% \((n = 58)\), 50 to 59 years old, 33.8\% \((n = 100)\), 60 to 69 years old, 29.1% \((n = 86)\), 70 to 79 years old, 8.1% \((n = 24)\), and 80 to 89 years old, 3.7\% \((n = 11)\). The number of parents choosing not to answer this question was 1.0% \((n = 3)\). See Table 3 below.

Table 2

*Child’s Gender (N=296)*

<table>
<thead>
<tr>
<th>Gender</th>
<th>(f)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>116</td>
<td>39.2</td>
</tr>
<tr>
<td>Male</td>
<td>180</td>
<td>60.8</td>
</tr>
</tbody>
</table>

Table 3

*Parents’ Age (N =296)*

<table>
<thead>
<tr>
<th>Age</th>
<th>(f)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-39</td>
<td>14</td>
<td>4.7</td>
</tr>
<tr>
<td>40-49</td>
<td>58</td>
<td>19.6</td>
</tr>
<tr>
<td>50-59</td>
<td>100</td>
<td>33.8</td>
</tr>
<tr>
<td>60-69</td>
<td>86</td>
<td>29.1</td>
</tr>
<tr>
<td>70-79</td>
<td>24</td>
<td>8.1</td>
</tr>
<tr>
<td>80-89</td>
<td>11</td>
<td>3.7</td>
</tr>
<tr>
<td>Missing, no response</td>
<td>3</td>
<td>1.0</td>
</tr>
</tbody>
</table>

The ages of the participants’ children at the time of the survey were: 10 to 19 years old, 24.0% \((n = 71)\), 20 to 29 years old, 39.2% \((n = 116)\), 30 to 39 years old, 21.3% \((n = 63)\), 40 to
49 years old, 8.1% \((n = 24)\), 50 to 59 years old, 5.1% \((n = 15)\), and 60 to 69 years old, .3% \((n = 1)\). The number of parents choosing not to answer this question was 2.0% \((n = 6)\). See Table 4 below.

Table 4

*Child’s Age \((N = 296)\)*

<table>
<thead>
<tr>
<th>Age</th>
<th>(f)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-19</td>
<td>71</td>
<td>24.0</td>
</tr>
<tr>
<td>20-29</td>
<td>116</td>
<td>39.2</td>
</tr>
<tr>
<td>30-39</td>
<td>63</td>
<td>21.3</td>
</tr>
<tr>
<td>40-49</td>
<td>24</td>
<td>8.1</td>
</tr>
<tr>
<td>50-59</td>
<td>15</td>
<td>5.1</td>
</tr>
<tr>
<td>60-69</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Missing, no response</td>
<td>6</td>
<td>2.0</td>
</tr>
</tbody>
</table>

The disclosure ages of the participants’ children were: 2 to 9 years old, 1% \((n = 3)\), 10 to 19 years old, 66.9% \((n = 198)\), 20 to 29 years old, 26.7% \((n = 79)\), 30 to 39 years old, 2.4% \((n = 7)\), and 40 to 49 years old, .3% \((n = 1)\). The number of parents choosing not to answer this question was 2.7% \((n = 8)\). See Table 5.
Approximately 93% of the sample reported having at least some post-secondary education (i.e., some college, college graduate, or advanced degree). The participants’ education levels were: Did not Complete High School, .7% \((n = 2)\), High School Graduate/GED, 6.4\%, \((n = 19)\), Some College, 24\% \((n = 71)\), College Graduate, 33.4\% \((n = 99)\), and Advanced Degree, 35.1\% \((n = 104)\). The number of parents choosing not to answer this question was .3\% \((n = 1)\). See Table 6.
Table 6

Parents’ Educational Level (N = 296)

<table>
<thead>
<tr>
<th>Education level</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not Complete High School</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>High School Graduate/GED</td>
<td>19</td>
<td>6.4</td>
</tr>
<tr>
<td>Some College</td>
<td>71</td>
<td>24.0</td>
</tr>
<tr>
<td>College Graduate</td>
<td>99</td>
<td>33.4</td>
</tr>
<tr>
<td>Advanced Degree</td>
<td>104</td>
<td>35.1</td>
</tr>
<tr>
<td>Missing, no response</td>
<td>1</td>
<td>0.3</td>
</tr>
</tbody>
</table>

The vast majority of the participants reported their race/ethnicity as White (91.2%). The participants’ race/ethnicities were: Asian/Pacific Islander, 1% (n = 3), Black, 2% (n = 6), Hispanic, 3% (n = 9), Native American, .3% (n = 1), White, 91.2% (n = 270) and Other, 1.7% (n = 5). The number of parents choosing not to answer this question was .7% (n = 2). See Table 7.
Table 7

Parents’ Race/Ethnicity (N = 296)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/Pacific Islander</td>
<td>3</td>
<td>1.0</td>
</tr>
<tr>
<td>Black</td>
<td>6</td>
<td>2.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9</td>
<td>3.0</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>White</td>
<td>270</td>
<td>91.2</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>1.7</td>
</tr>
<tr>
<td>Missing, prefer to not answer</td>
<td>2</td>
<td>0.7</td>
</tr>
</tbody>
</table>

The race/ethnicities of the participants’ children were: Asian/Pacific Islander, 2% (n = 6), Black, 2.7% (n = 8), Hispanic, 2.7% (n = 8), Native American, .3% (n = 1), White, 86.1% (n = 255) and Other, 4.4% (n = 13). The number of parents choosing not to answer this question was 1% (n = 3). See Table 8.
Parents were asked to report the approximate length of time that they had been certain of their child’s gay or lesbian sexual orientation at the time they completed the survey. The following answer choices were provided: 1 year or less, between 1 and 2 years, between 2 and 3 years, between 3 and 4 years, between 4 and 5 years, and more than 5 years. More than half of the parents ($n = 188$, 63.5%) reported that they had been aware of their child’s gay or lesbian sexual orientation for more than five years, whereas 10.1% ($n = 30$) reported knowing for two to three years, and approximately 8% of the parents reported between three and four years ($n = 25$, 8.4%) and four to five years ($n = 24$, 8.1%), respectively. Less than 10% of the parents reported knowing about their child’s gay or lesbian sexual orientation for two years or less. The majority of fathers knew about their child’s sexual orientation for more than five years ($n = 30$, 76.9%), whereas approximately 62% ($n = 158$, 61.5%) of mothers knew for more than 5 years. See Table 9 below.
Table 9

Amount of Time Parents Knew about Child’s Sexual Orientation by Parent Gender (N = 296)

<table>
<thead>
<tr>
<th>Years</th>
<th>Fathers</th>
<th></th>
<th></th>
<th>Mothers</th>
<th></th>
<th></th>
<th>n</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td></td>
<td>f</td>
<td>%</td>
<td></td>
<td>f</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>1 or less</td>
<td>2</td>
<td>5.1</td>
<td></td>
<td>14</td>
<td>5.4</td>
<td></td>
<td>16</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>1 to 2</td>
<td>0</td>
<td>0</td>
<td></td>
<td>18</td>
<td>5.1</td>
<td></td>
<td>13</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>2 to 3</td>
<td>2</td>
<td>5.1</td>
<td></td>
<td>28</td>
<td>10.9</td>
<td></td>
<td>30</td>
<td>10.1</td>
<td></td>
</tr>
<tr>
<td>3 to 4</td>
<td>2</td>
<td>5.1</td>
<td></td>
<td>23</td>
<td>8.9</td>
<td></td>
<td>25</td>
<td>8.4</td>
<td></td>
</tr>
<tr>
<td>4 to 5</td>
<td>3</td>
<td>7.7</td>
<td></td>
<td>21</td>
<td>8.2</td>
<td></td>
<td>24</td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td>5 or more</td>
<td>30</td>
<td>76.9</td>
<td></td>
<td>158</td>
<td>61.5</td>
<td></td>
<td>188</td>
<td>63.5</td>
<td></td>
</tr>
</tbody>
</table>

Nearly 70% (n = 207, 69.9%) of the parents reported experiencing a high amount of interpersonal contact with gay or lesbian person(s) prior to their discovery of their child’s sexual orientation, whereas approximately 25% (n = 73, 24.7%) reported low contact. Sixteen parents (5.4%) reported that they were unsure about their level of interpersonal contact with gay or lesbian person(s). A higher percentage of mothers (n = 184, 71.6%) indicated experiencing a high amount of interpersonal contact with gay or lesbian person(s) than fathers (n = 23, 59%). See Table 10.
Table 10

*Parents’ Levels of Interpersonal Contact by Gender (N = 296)*

<table>
<thead>
<tr>
<th>Interpersonal Contact</th>
<th>Fathers</th>
<th></th>
<th></th>
<th>Mothers</th>
<th></th>
<th>Total Sample</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Low Contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>17.9</td>
<td>24</td>
<td>9.3</td>
<td>31</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>10.3</td>
<td>19</td>
<td>7.4</td>
<td>23</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>10.3</td>
<td>15</td>
<td>5.8</td>
<td>19</td>
<td>6.4</td>
<td></td>
</tr>
<tr>
<td>Low Contact Total</td>
<td>15</td>
<td>38.5</td>
<td>58</td>
<td>22.6</td>
<td>73</td>
<td>24.7</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsure, 4</td>
<td>1</td>
<td>2.6</td>
<td>15</td>
<td>5.8</td>
<td>16</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>High Contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>12.8</td>
<td>50</td>
<td>19.5</td>
<td>55</td>
<td>18.6</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>15.4</td>
<td>37</td>
<td>14.4</td>
<td>43</td>
<td>14.5</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>12</td>
<td>30.8</td>
<td>97</td>
<td>37.7</td>
<td>109</td>
<td>36.8</td>
<td></td>
</tr>
<tr>
<td>High Contact Total</td>
<td>23</td>
<td>59</td>
<td>184</td>
<td>71.6</td>
<td>207</td>
<td>69.9</td>
<td></td>
</tr>
</tbody>
</table>
Descriptive Statistics for Parents’ Scores on the COPLAG and ECR-S

Parents’ COPLAG scores by gender. The total possible score for the COPLAG ranges between 21 and 147 (if all items are answered), and a higher score indicates greater parental concern (Conley, 2011c). In the present study, parents’ COPLAG scores ranged from 21 to 144 \((N = 296)\). Average scores for the total sample were between 53 and 54 \((M = 53.27, SD = 25.32)\), and average scores were lower for mothers \((M = 52.90, SD = 25.05, n = 257)\) than for fathers \((M = 55.72, SD = 27.22, n = 39)\). See Table 11 below.

Table 11
Parents’ COPLAG Scores by Parents’ Gender \((N = 296)\)

<table>
<thead>
<tr>
<th>Gender</th>
<th>(M)</th>
<th>(SD)</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>52.90</td>
<td>25.05</td>
<td>257</td>
</tr>
<tr>
<td>Male</td>
<td>55.72</td>
<td>27.22</td>
<td>39</td>
</tr>
<tr>
<td>(N)</td>
<td>53.27</td>
<td>25.32</td>
<td>296</td>
</tr>
</tbody>
</table>

Parents’ average COPLAG scores were lower for daughters \((M = 48.03, SD = 23.53, n = 116)\) than for sons \((M = 56.65, SD = 25.90, n = 180)\). Average scores for the total sample were between 53 and 54 \((M = 53.27; SD = 25.32, N = 296)\). See Table 12.

Table 12
Parents’ COPLAG Scores by Child Gender \((N = 296)\)

<table>
<thead>
<tr>
<th>Gender</th>
<th>(M)</th>
<th>(SD)</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>48.03</td>
<td>23.53</td>
<td>116</td>
</tr>
<tr>
<td>Male</td>
<td>56.65</td>
<td>25.90</td>
<td>180</td>
</tr>
<tr>
<td>(N)</td>
<td>53.27</td>
<td>25.32</td>
<td>296</td>
</tr>
</tbody>
</table>
Parents’ ECR-S scores by gender. The ECR-S yields two subscale scores, Anxiety and Avoidance. The total possible score for each ECR-S subscale ranges between 6 and 42 (if all items are answered). In the present study, fathers’ average scores ($M = 18.56$, $SD = 5.80$) on the Anxiety subscale were higher than those of mothers ($M = 17.43$, $SD = 6.51$). Conversely, average ECR-S Avoidance scores were higher for mothers ($M = 13.63$, $SD = 6.66$) than for fathers ($M = 12.51$, $SD = 5.50$). Average ECR-S Anxiety scores for the total sample were between 17 and 18 ($M = 17.58$, $SD = 6.42$, $N = 296$) and average ECR-S Avoidance scores for the total sample were between 13 and 14 ($M = 13.49$, $SD = 6.52$, $N = 296$). See Table 13 below.

Table 13

Parents’ ECR-S Anxiety and Avoidance Scores by Their Gender ($N = 296$)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Anxiety</th>
<th></th>
<th></th>
<th>Avoidance</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$n$</td>
<td>$M$</td>
<td>$SD$</td>
<td>$n$</td>
</tr>
<tr>
<td>Female</td>
<td>17.43</td>
<td>6.51</td>
<td>257</td>
<td>13.63</td>
<td>6.66</td>
<td>257</td>
</tr>
<tr>
<td>Male</td>
<td>18.56</td>
<td>5.80</td>
<td>39</td>
<td>12.51</td>
<td>5.50</td>
<td>39</td>
</tr>
<tr>
<td>$N$</td>
<td>17.58</td>
<td>6.42</td>
<td>296</td>
<td>13.49</td>
<td>6.52</td>
<td>296</td>
</tr>
</tbody>
</table>

Results of Research Questions

Research question 1 asked: What is the relationship between parents’ attachment anxiety (ECR-S subscale, 6 even-numbered items) and their overall concerns about having gay and lesbian children (COPLAG)? Results of bivariate correlation using the Pearson product-moment correlation coefficient indicated there was a significant relationship between parents’ attachment anxiety and their overall concerns about having gay and lesbian children, $r = .15$, $p$ (two-tailed) < .05.
Research question 2 asked: What is the relationship between parents’ attachment avoidance (ECR-S subscale, 6 odd-numbered items) and their overall concerns about having gay and lesbian children (COPLAG)? Results of bivariate correlation using the Pearson product-moment correlation coefficient indicated a non-significant correlation between parents’ attachment avoidance and their concerns about having gay and lesbian children, \( r = .03, p \) (two-tailed) > .05.

Research question 3 asked: What is the relationship between the amount of time since their children disclosed being gay or lesbian (demographic item #9) and parents’ overall concerns about having gay and lesbian children (COPLAG)? Results of bivariate correlation using the Pearson product-moment correlation coefficient indicated a non-significant correlation between the amount of time since their children disclosed being gay or lesbian and parents’ overall concerns about having gay and lesbian children, \( r = .02, p \) (two-tailed) > .05.

**Additional correlational findings.** Results of bivariate correlation using the Pearson product-moment correlation coefficient indicated a significant correlation between parents’ attachment anxiety and attachment avoidance, \( r = .15, p \) (two-tailed) < .01.

Results of bivariate correlation using the Pearson product-moment correlation coefficient indicated a significant negative correlation between parents’ attachment anxiety and amount of time since their children disclosed being gay or lesbian, \( r = -.13, p \) (two-tailed) < .05.

Results of bivariate correlation using the Pearson product-moment correlation coefficient indicated a non-significant negative correlation between parents’ attachment avoidance and amount of time since their children disclosed being gay or lesbian, \( r = -.02, p \) (two-tailed) > .05.
Research question 4 asked: Are there statistically significant mean differences in parents’ overall concerns (COPLAG) across gender of parents and children (demographic items #1 & 2), and parents’ prior interpersonal contact (demographic item #10) with a gay or lesbian person? An a priori G*Power3 analysis with an effect size of .25, an alpha level of .05, and a power of .95 indicated that a sample size of 279 parents was required to detect group differences (Erdfelder, Faul, & Buchner, 1996). In order to conduct a two-way ANOVA, each cell needed to be populated with at least 35 cases, which would have totaled approximately 140 mothers and 140 fathers. As this sample included only 39 fathers, it was not possible to conduct a two-way ANOVA. Therefore, two research questions examining child gender and prior interpersonal contact with a gay or lesbian person were analyzed.

The first question was: Are there statistically significant mean differences in parents’ overall concerns (COPLAG) between parents of sons and parents of daughters (demographic item #2)? A G*Power3 analysis with an effect size of .5, an alpha level of .05, and a power of .95 indicated that a sample size of 210 parents was required to detect group differences (Erdfelder, Faul, & Buchner, 1996). Levene’s statistic was non-significant indicating that the assumption of homogeneity of variances was met; therefore, test statistics from “equal variances assumed” were used for this analysis. A significant mean difference was found in parents’ overall concern scores (COPLAG) for parents of sons ($M = 56.65, SD = 25.90$, see Table 14) and parents of daughters ($M = 48.03, SD = 23.53$); $t(294) = 2.90, p < .004$; the results represent a small effect size, $r = .17$. 

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Table 14

Parents’ COPLAG Scores by Their Sons and Daughters (N = 296)

<table>
<thead>
<tr>
<th>Child Gender</th>
<th>Male</th>
<th>Female</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>56.65</td>
<td>(25.90)</td>
<td>48.03</td>
<td>(23.53)</td>
</tr>
</tbody>
</table>

*Note.* p < .05. Standard deviations appear in parentheses below means; equal variances assumed.

The second question was: Are there statistically significant mean differences in parents’ overall concerns (COPLAG) and parents’ level of prior interpersonal contact (demographic item #10) with a gay or lesbian person? A G*Power3 analysis with an effect size of .8, an alpha level of .05, and a power of .95 indicated that a sample size of 84 parents was required to detect group differences (Erdfelder, Faul, & Buchner, 1996). Levene’s statistic was significant indicating that the assumption of homogeneity of variances had been violated. Therefore, test statistics from “equal variances not assumed” were used in this analysis. A significant mean difference was found in parents’ overall concern scores (COPLAG) for parents with a low level of prior interpersonal contact (M = 67.52, SD = 29.42, see Table 15) and parents with a high level of prior interpersonal contact (M = 47.77, SD = 20.95); t(99) = 5.28, p < .001; the results represent a medium effect size, r = .35.
Parents’ COPLAG Scores by Low and High Prior Interpersonal Contact (N = 280)

<table>
<thead>
<tr>
<th>Prior Interpersonal Contact</th>
<th>Low</th>
<th>High</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>67.52</td>
<td>(29.42)</td>
<td>47.77</td>
<td>(20.95)</td>
</tr>
</tbody>
</table>

Note. ***p < .001. Standard deviations appear in parentheses below means. 16 cases were omitted due to “unsure” interpersonal contact scores. Equal variances not assumed.

Additional Findings

Additional data analysis was conducted to compare parents who knew about their child’s sexual orientation for less than five years and those who knew about their child’s sexual orientation for more than five years. A G*Power3 analysis with an effect size of .5, an alpha level of .05, and a power of .95 indicated that a sample size of 210 parents was required to detect group differences (Erdfelder, Faul, & Buchner, 1996). Levene’s statistic was non-significant indicating that the assumption of homogeneity of variances was met; therefore, test statistics from “equal variances assumed” were used for this analysis. Attachment anxiety scores ($M = 18.94, SD = 7.12$, see Table 16) were significantly higher for parents who knew for five or more years ($M = 16.80, SD = 5.86$); $t(294) = 2.79, p < .006$; the results represent a small effect size, $r = .16$. 

Table 16
Parents’ ECR-S Anxiety Scores by Amount of Time They Knew about Child’s Sexual Orientation

\( (N = 296) \)

<table>
<thead>
<tr>
<th>Amount of Years Known</th>
<th>Less than 5</th>
<th>More than 5</th>
<th>( t )</th>
<th>( df )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>18.94</td>
<td>16.80</td>
<td>2.79**</td>
<td>294</td>
</tr>
<tr>
<td></td>
<td>(7.12)</td>
<td>(5.86)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. **\( p < .01 \). Standard deviations appear in parentheses below means; equal variances assumed.

Additional data analysis was conducted to compare parents who knew about their child’s sexual orientation for less than five years and those who knew about their child’s sexual orientation for more than five years. A G*Power3 analysis with an effect size of .5, an alpha level of .05, and a power of .95 indicated that a sample size of 210 parents was required to detect group differences (Erdfelder, Faul, & Buchner, 1996). Levene’s statistic was significant indicating that the assumption of homogeneity of variances had been violated. Therefore, test statistics from “equal variances not assumed” were used in this analysis. Attachment avoidance scores (\( M = 14.29, SD = 7.06 \), see Table 18) for parents who knew for less than five years did not differ significantly (\( M = 13.03, SD = 6.16 \); \( t(199) = 1.55, p = .123 \)).
Parents’ ECR-S Avoidance Scores by Amount of Time They Knew about Child’s Sexual Orientation (N = 296)

<table>
<thead>
<tr>
<th>Amount of Years Known</th>
<th>Less than 5</th>
<th>More than 5</th>
<th>T</th>
<th>Df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance</td>
<td>14.29</td>
<td>13.03</td>
<td>1.55</td>
<td>199</td>
</tr>
</tbody>
</table>

Note.**p < .01. Standard deviations appear in parentheses below means; equal variances not assumed.

Descriptive Findings.

Following the initial piloting of the online survey, an additional question was added to the end of the survey inviting parents to comment, if desired. A total of 55 parents submitted comments, which are described below under two broad headings: Reactions to COPLAG, and Reactions to ECR-S. Reactions to COPLAG include parents’ commentary about specific COPLAG items, parents’ personal and contextual factors that inform their COPLAG responses, personal growth experiences related to having a gay or lesbian child, and suggestions for improving the COPLAG instrument. Parents’ comments about the ECR-S were more uniform, and as such, are described under one sub-heading.

Reactions to COPLAG.

Commentary about COPLAG items. Six parents commented on COPLAG item #16, “Your child made the wrong choice to be gay or lesbian?” Five of the six parents emphatically stated that being gay is not a choice. For example, “I have issues with the wording in Question 16 in part 1. Being gay is NOT a choice. I think the evidence for that is clear…” and “Your question indicates that you are not in touch with the LGBT community…It is not a choice and the sooner people figure that out the sooner LGBT people will be treated with equality and respect.” One parent also mentioned personal changes related to this belief, stating that “It’s not a choice to be gay or lesbian. But I had to learn that after our daughter came out.” Two parents who
addressed item #16 also commented on item #18, “Your child is gay or lesbian because you did not spend enough time with them.” Parents’ remarks included, “Of course you know that being gay lesbian bisexual or transgender is not a choice or the result of how they were raised!” and “I object to the questions about sexual identity being related to how much time a parent spent with a child or the child ‘choosing’ his identity. I believe both areas are not at all involved with sexual identity...” It appeared that COPLAG items #16 and #18 generated the most impassioned responses.

Parents’ personal and contextual factors. Three parents stated that they had suspected when their child was very young that their child was gay or lesbian. Two parents reported that, with this knowledge, they worked hard to encourage self-acceptance. For example,

I was pretty certain my son was gay when he was around 3 years old. I worked hard to make sure he grew up in a world where being gay was accepted and normal—where his being gay was an option. My main concern was that he grow up believing that THERE IS NOTHING WRONG with being gay!!!

Two parents noted the influence of supportive family members and friends on their child’s personal success. For example, one parent stated

My child has been in a stable relationship for 5 yrs and is doing well in professional life. The personal success and balance in his life I believe is due to the fact he has had acceptance and support by our entire family and his friends.

Three parents stated that knowing someone gay or lesbian prior to their child’s coming out was influential in their own feelings of concern. Two of the three parents indicated that they felt accepting, but had fears that their child would experience harassment at school or violence (as a
result of being gay or lesbian), and the third parent had concerns that her son would experience hurt in relationships because he “lacks common sense” like his father.

In contrast, three parents described the harsh realities of rejection and prejudice within their families and how those experiences have affected their realistic concerns about their gay or lesbian child. Additionally, two parents cited the influence of religion in their experiences of rejection:

   My son’s father and the church they attended disowned him for accepting himself as gay. They had him in accountability classes and weekly prayer and fasting to overcome being gay. His acceptance of being gay was considered rebellion so he was cast out of their lives. At that point I realized why that marriage didn’t work. I could never disown a child.

Regarding the harassment one family has experienced because their daughter is lesbian, a parent stated, “We cannot control others’ ignorance, and we are prepared to fully support our child regardless of how insensitive and hateful the world is…”

Lastly, two parents cited social contextual issues that influenced their concerns at the time of their child’s coming out. One mother noted that when her son came out over 30 years ago, her greatest concern was AIDS. Another mother reported that her 23 year old son came out while he was in high school, during which time there were numerous perceived LGBTQ youth suicides in their area. She reported that her son felt extremely lonely, and became suicidal. “It was a frightening time. He is 23 now and thriving but that need to ‘fit in’ and live a ‘normal life’ while in high school almost killed him.” Thus, parents recognized their child’s relationships with others as highly influential in the success and happiness of their children.
**Personal growth as a result of having a gay or lesbian child.** Two parents commented on the personal changes and insights that they have experienced since their child’s disclosure. One parent stated, “My feelings [sic] knowledge about my daughter’s sexuality have changed completely over the last 10 years.” Another parent addressed the personal meaning and significance of her son’s disclosure as well as her desire to protect him,

> It occurred to me very soon after my son came out to me that he loved and trusted me as his Mom and ally for his entire life. I knew how much I loved my son and that, nothing, in my power would ever cause him pain.

**Parents’ suggestions about improving the survey.** Two parents indicated that they have more than one gay or lesbian child, and that they know of many other PFLAG members with a similar family composition. Both parents indicated that they answered the questions for one of their children, but would have preferred to have the option to answer for both children.

As stated earlier, three parents suspected that their child was gay or lesbian from a young age. In addition, one parent reported that she would like to have seen a question, “At what age did you suspect your child was gay?” Hence, parents felt limited or constrained by some of the questions and would have liked for their responses to be more inclusive of the range of their experiences.

**Reactions to the ECR-S.** A total of 19 parents indicated their relationship status, including long-term marriage, single parent, and widowed. Some parents described the ECR-S questions as “very easy” to answer because they had long-term partners, whereas others with long-term partners described the questions as “puzzling,” “hard to remember how I felt in previous relationships,” and “awkward that the questions about ‘partners’ are in present tense.” All three parents who identified as widowed expressed difficulty with remembering and
answering these questions due to the length of time that their spouse had been deceased and/or the effects of long-term illness and caregiving on their marital relationship.

Despite the ECR-S instructions that emphasize that one does not have to be currently partnered to answer the questions, seven parents reported being single, and related their relationship status to their difficulty in answering the ECR-S items. Several parents commented on the perceived applicability of the ECR-S questions on the survey, and wondered about the relevance of the ECR-S questions. One parent stated, “I think many of the responses are tied in to how safe one feels with and around their partner on a primal level.” Lastly, three parents commented on ECR-S item #8, “I do not often worry about being abandoned,” stating that item #8 is poorly written. Two parents indicated that it was unclear as to whether the ECR-S questions were meant for the gay or lesbian child or the parent. It appears that the ECR-S generated some confusion and revealed varying mindsets and opinions in the responses.
Previous researchers have demonstrated the significant influence that parents have on their gay or lesbian child’s coming out experience, overall adjustment, and well-being (Elizur & Ziv, 2001; Floyd & Stein, 2002; Henderson, 1998; Phillips, 2007; Savin-Williams, 2001). Various personal and contextual factors have been shown to be related to parents’ concerns and emotional reactions following their child’s disclosure of their gay or lesbian sexual orientation (e.g., Ben-Ari, 1995; Boxer, Cook, & Herdt, 1991; Conley, 2011a; Conley, 2011b; Diamond et al., 2012; Goodrich, 2009; Goodrich & Gilbride, 2010; Savin-Williams, 2001). In this study, infant and adult attachment theory (Ainsworth et al., 1978; Bowlby, 1969, 1973, 1980) was used as a framework for understanding how the factors of attachment anxiety and avoidance, parent and child gender, amount of time since disclosure, and parents’ prior interpersonal contact with gay or lesbian people interact to influence parental concerns about having gay and lesbian children. In this chapter, findings are summarized. Then, a discussion of the findings; implications for counselors, counselor educators and supervisors; limitations of the study; and recommendations for future research are presented.

Summary of Findings

Participants’ scores on the COPLAG were used to measure parental concerns. A significant positive correlation was found between overall concerns and attachment anxiety and amount of time since disclosure, but no significant relationship was found between overall concerns and attachment avoidance and amount of time since disclosure. Parents’ overall concern levels were higher for their gay sons than for their lesbian daughters, and parents with lower levels of interpersonal contact with gay or lesbian person(s) also reported higher concern scores than parents who reported higher interpersonal contact levels. Additionally, parents who
knew about their child’s sexual orientation for five or more years had lower attachment anxiety scores than those parents who knew for less than five years.

Discussion of Research Findings

Parental Concerns. As noted above, COPLAG scores were used to measure parental concerns. Overall, parents’ COPLAG scores ranged from 21 to 144 (N = 296), and the average score for the total sample was approximately 53 (M = 53.27). In Conley’s (2011a) initial piloting of the survey with heterosexual PFLAG parents of gay and lesbian children, the overall mean score was approximately 64 (M = 63.76). One possible explanation for this 17% decrease in mean scores is that the social climate has drastically improved for the gay and lesbian community during the past four years, as evidenced by newly bestowed legal protections. For example, in 2011 President Obama repealed the military’s Don’t Ask Don’t Tell policy, which prohibited gay and lesbian service members from serving openly in their ranks (Bumiller, 2011) and in 2013 the United States Supreme Court struck down the Defense of Marriage Act, which prohibited the federal government from recognizing same-sex marriages (White House Office of the Press Secretary, 2013). These legal protections may have mitigated parents’ concerns about their child’s psychological, emotional, and physical well-being.

Attachment Style. Participants’ attachment styles were measured utilizing the ECR-S. This instrument was used to query parents about their feelings in romantic relationships in order to assess their level of attachment anxiety and attachment avoidance. Overall, the mean scores for both attachment anxiety (M = 17.58) and attachment avoidance (M = 13.49) were below the midpoint of the response scale, indicating that the sample of parents in this study were more likely securely than insecurely attached (see Felton & Jowett, 2013).
In the present study, the relationship between parents’ attachment styles (attachment anxiety and attachment avoidance) and their overall concerns about having gay and lesbian children was explored. A significant positive correlation was found between attachment anxiety and parental concerns about having gay and lesbian children. Parents who scored higher on attachment anxiety also had higher concern scores. This finding appears to be congruent with attachment theory’s internal working models concept; that is, attachment styles shape individuals’ expectations and interpretation of relational events (Pietromonaco & Barrett, 2000). Parents who experience higher levels of attachment anxiety are more likely to experience heightened levels of distress; to anticipate rejection; and to doubt their own abilities to face alarming situations, or to seek help, when needed. Additionally, individuals who score high on attachment anxiety tend to experience both heightened negative affect and hypervigilance about the potential availability of attachment figures (Feeney, 1998). As the COPLAG measures parents’ concerns about love loss (i.e., the likelihood that friends, neighbors, and family members may reject them or their child), attachment anxiety and parental concerns may be overlapping constructs, or perhaps are mediated via a third variable, such as social self-efficacy. Persons who lack social self-efficacy perceive close personal relationships to be a matter of luck and outside of their personal control (Mallinckrodt & Wei, 2005). Therefore, parents who experience high levels of attachment anxiety may have difficulty imagining their own agency in building and utilizing supportive relationships, and therefore anticipate high levels of rejection from others.

In contrast to attachment anxiety, no significant correlation was found between attachment avoidance and parental concerns about having gay and lesbian children. This finding was unexpected as persons who experience high levels of attachment avoidance typically use a
deactivated attachment strategy that diverts attention away from distress-inducing stimuli and consequently inhibits attachment related thoughts and feelings (Shaver & Mikulincer, 2004). Therefore, it was anticipated that attachment avoidance would be negatively correlated with parental concerns. One possible explanation for this finding of no significant correlation may be that these two dimensions, attachment avoidance and attachment anxiety, constitute complimentary aspects of a person’s internal working model of attachment. Attachment anxiety is related to one’s model of others (i.e., whether others will be available during times of need) whereas attachment avoidance is related to one’s model of the self (i.e., one’s self-appraisal). Two of the three COPLAG subscales measure parents’ concerns about others’ behavior toward them or their child as opposed to their own feelings, thoughts, or behavior. Therefore, parents’ internal working models of others (i.e., attachment anxiety) may be more relevant. It may be beneficial for future researchers to explore the relationship between parents’ attachment avoidance scores and their Parent Ego subscale scores, as these COPLAG items indirectly address parents’ evaluations of themselves.

Individuals who score low on attachment avoidance tend to be more open with others and allow others to depend on them (Brennan, Clark, & Shaver, 1998). In this study, mean scores for attachment avoidance were slightly higher for mothers ($M = 13.63$) than for fathers ($M = 12.51$). This finding is unexpected, as in previous studies men have tended to score higher on attachment avoidance than women (e.g., Moors, Conley, Edelstein, & Chopic, 2014; Wei et al., 2007). Caution should be used in assuming actual differences due to the small number of fathers in the sample, although this finding may merit further study.

Bowlby (1969) theorized that a secure attachment allows individuals to devote attention to other behavioral systems. Hence, those who endorse a more secure attachment style would
have more psychic energy to devote to protection, caregiving, creative problem solving, and exploration. One parent in the present study summed up the protective function of attachment in this comment:

*It occurred to me very soon after my son came out to me that he loved and trusted me as his Mom and ally for his entire life. I knew how much I loved my son and that, nothing, in my power would ever cause him pain.*

Another function of attachment relationships is providing a safe haven (Ainsworth et al., 1978); that is, comfort, support, and strength during times of need. This function was expressed by one parent who stated, “*We cannot control others’ ignorance, and we are prepared to fully support our child regardless of how insensitive and hateful the world is.*”

Goodrich (2009) found that parents cited their spouse as the most significant source of support upon learning about their child’s gay, lesbian, or bisexual orientation, and that parents who received support at home were better able to utilize other forms of social support. The relatively high scores on attachment security in this sample may provide further evidence for this finding, and also are congruent with the tenet of attachment theory, more generally, that security begets security. In other words, the more securely attached a person is to his or her principal figure (e.g., his or her partner), the stronger likelihood that he or she will develop other secure attachments and rely on these attachment figures for help when needed (Ainsworth, et al., 1978; Bowlby, 1973, 1988). Parents in this study endorsed a relatively secure attachment which would have increased the likelihood that they would develop other attachments and utilize their supports (e.g., PFLAG support group peers).
Amount of Time since Disclosure.

Previous researchers have explored the role of time in parents’ post-disclosure adaptation (Phillips, 2007; Saltzburg, 2004). It has been hypothesized that a child’s coming out disclosure often catalyzes a grief reaction within the parent (Robinson, Walters, & Skeen, 1989). Authors of self-help books have suggested that parents typically need two years (Borhek, 1983) to five years (Woog, as cited in Kircher & Ahlijah, 2011) to fully grieve. These findings provided the rationale for examining the amount of time since disclosure in this study.

Approximately 64% of the parents in this study knew about their child’s gay or lesbian sexual orientation for more than five years, and 80% of the parents knew for at least three or more years. No significant relationship was found between the amount of time since disclosure and parental concerns about having gay or lesbian children. One possible explanation may be related to the COPLAG instructions. The COPLAG directs parents to indicate their concerns upon learning about their child’s gay or lesbian sexual orientation. If parents strictly followed these directions, and were able to accurately report their initial concerns (as opposed to their current concerns), then the data would not reflect any change over time. However, if parents had been asked to report both their initial concerns and current concerns, then data may have been captured regarding any potential influence of time on parental concerns. Also, it is important to note that, considering that some parents in this sample had known about their child’s sexual orientation for decades, it is unclear what role memory may play in parents’ reporting of their concerns.

Although no statistically significant correlation was found between amount of time since disclosure and parental concerns, qualitative findings suggest that a relationship may exist that could be further explored in future studies. Some parents commented about the influence of time
on their own process. For example, one mother stated, “It’s not a choice to be gay or lesbian. But I had to learn that after our daughter came out,” which implies that this mother’s concerns may have changed over time. Further illustrating the role of time, another mother stated, “My feelings [sic] knowledge about my daughter’s sexuality have changed completely over the past 10 years.”

It is possible that the retrospective nature of this study may have influenced parents’ recall of events. In addition, parents were not queried about the length of their involvement in or their level of commitment to PFLAG. Recent developments in neuroscience have demonstrated that narrative co-construction—the storytelling and story-listening process—leads to “the acquisition of more adaptive self-organization, leading to coherent functioning” (Siegel, 2012, p. 87); and that through recalling and sharing memories in a different context, memory can be transformed (Fosshage, 2004). Hence, as parents continue to narrate their own experiences and listen to others’ stories in the context of PFLAG meetings, both their actual concerns and their recollections of their initial concerns may be transformed over time.

Findings from the post hoc analyses indicated a significant negative correlation between parents’ attachment anxiety and the amount of time since their child disclosed their gay or lesbian orientation, $r = -.13$. In further support of these findings, parents who knew about their child’s sexual orientation for less than five years had significantly higher attachment anxiety scores ($M = 18.94$) than parents who knew for five or more years ($M = 16.80$). Although the effect size was small, these findings may support previous findings that relational events can potentially alter a person’s internal working model of attachment (Diamond et al., 2011). Conceivably, the longer the period of time during which parents know about their child’s sexual orientation, the more opportunities the parent-child dyad would have to explore these concerns.
together and strengthen their attachment bond. An alternative hypothesis is that self-disclosure is a risk-taking behavior that is supported by secure attachment (Holtzen, Kenny, & Mahalik, 1995). Seeking out support during times of need is considered to be a strategy that reflects a relative level of attachment security (Bowlby, 1973). Additionally, securely attached parents are likely to have securely attached children who rely on their parents for meeting their attachment needs, including support with coming out.

No significant relationship was found between attachment avoidance and amount of time, nor were there any significant group differences found in attachment avoidance scores between parents who knew about their child’s sexual orientation for less than five years and those who knew for more than five years. In this study, any attachment-related differences were found to be related to attachment anxiety and not attachment avoidance.

**Parent Gender.** For the mothers and fathers combined, the estimated mean overall concern score was 53 out of a possible score of 21 to 147. Although parent gender was an independent variable in this study, this sample included only 39 fathers, which did not allow for separate statistical analyses of mothers’ and fathers’ concern scores. However, mothers’ concern levels were slightly lower ($M = 52.90$) than those of fathers ($M = 55.72$), which was an unexpected finding. In Conley’s (2011a) initial piloting of the COPLAG with PFLAG parents, the estimated mean overall concern score was 63; scores were significantly higher for mothers ($M = 64.46$) than for fathers ($M = 56.47$), congruent with more general maternal concerns. In addition, Conley (2011a) found that concern levels were higher for parents who reported more feminine gender role attributes, irrespective of parent gender. Therefore, it is possible that fathers in this study may have endorsed higher feminine gender role attributes than mothers,
although the need for caution is reiterated due to the low number of participants who were fathers.

**Child Gender.** Consistent with Conley’s (2011a) findings, parents in this study had higher concern scores for their gay sons ($M = 56.65$) than for their lesbian daughters ($M = 48.03$). Society’s greater acceptance of lesbian women over gay men supports this finding, along with the current rate of hate crimes committed against gay men (Conley, 2011a). According to the Federal Bureau of Investigation Uniform Crime Reports (“Hate Crime Statistics 2011,” 2014), there were 1,572 sexual orientation-bias crimes in 2011, and approximately 57% of these crimes were incidents of anti-male homosexual bias, whereas 11% were incidents of anti-female homosexual bias. These statistics seem to support Conley’s (2011a) hypothesis that “attitudes that privilege male sexuality, and consequently fear its misuse, highlight the continued, distinctive gendered biases that are manifest in these data” (p. 1034). Hence, sexism and heterosexism seem to place gay men at greater risk for prejudice and hate crimes than lesbian women, and this may heighten parents’ concerns about their sons’ physical and psychological well-being.

Within the qualitative data, parents noted two other social contextual issues that heightened their concerns for their gay sons. Two mothers indicated their concerns about HIV. One child came out during the 1980 AIDS crisis; at the time of his disclosure, this mother feared that he would contract the virus while there was still no cure. His long-term partnership status and personal success over the past 30 years seem to have quelled this mother’s level of concern; nonetheless, at the time of his disclosure, HIV was an expressed concern for her. The other mother, who was lesbian-identified, noted her concern about HIV along with suicide and bullying. At the time of her son’s coming out disclosure, numerous suspected LGBT youth had
completed suicide as a result of bullying; additionally, her son was struggling to belong, and was expressing feelings of suicidality. These parental comments suggest that their concerns about their gay and lesbian children do not exist in a vacuum and are influenced by both personal and contextual factors.

**Interpersonal Contact with a Gay or Lesbian Person(s).** Previous researchers have documented that direct contact has been a method for overcoming various types of prejudice (Allport, 1954; Herek & Glunt, 1993, as cited in Goldfried & Goldfried, 2001) and has positively influenced parents’ adaptation processes following their child’s coming out disclosure (Goldfried & Goldfried, 2001; Kircher & Ahlijah, 2011; Saltzburg, 2004). Further, Goldfried and Goldfried (2001) identified PFLAG as a powerful and preferred intervention for facilitating parental acceptance of their gay and lesbian children.

In this study, mean differences were found between concern scores for parents with a low level of prior interpersonal contact ($M = 67.52$) and concern scores for parents with a high level of prior interpersonal contact ($M = 47.77$). Parents who reported higher levels of interpersonal contact with gay or lesbian person(s) prior to their child’s disclosure also reported lower concern scores. This finding lends support to the previous researchers’ findings (Allport, 1954). Because parents were reporting retrospectively, however, it is important to note the possibility that both the passage of time and parents’ interpersonal experiences in PFLAG may have shaped their recollection and reporting of both their concerns and level of interpersonal contact with gay or lesbian person(s) prior to their child’s disclosure.

**Implications for Counselors**

When families present for counseling following a child’s coming out disclosure, it is imperative for counselors to not become overly focused on the content of parents’ concerns at
the expense of overlooking their psychodynamics. Parents’ concerns likely emerge from their own internalized experiences and may say more about the parents themselves than the “alleged objects of their concerns” (Conley, 2011a, p. 1036). One finding in this study was the significant positive relationship between parents’ attachment anxiety and their concerns about having gay or lesbian children. Therefore, counselors may benefit from having a general idea of parents’ attachment styles as this may provide more understanding of parents’ concerns. This information could help inform counselors about both the parents’ attachment needs and suggest a need for effective treatment interventions to help reduce attachment anxiety. Attention to the attachment relationship between counselor and client, otherwise known as transference and countertransference phenomena, can help bring attachment concerns into the counseling session, allowing the client’s pathogenic internal working models of self and other to be challenged and revised (Siegel, 2012).

The qualitative data in this study suggested the importance of exploring the social stigmatization that families have experienced as a result of having a gay or lesbian child. Despite recent progress made in marriage equality and other forms of legal protection, the effects of heterosexism remain manifest. Further, as evidenced by hate crime data, gay men are more at risk for violence and harassment than are lesbian women. Therefore, parents’ concerns for their sons are likely to be heightened in comparison to their lesbian daughters. It is crucial that counselors working with parents who seek help related to their concerns about their child’s sexual orientation bear in mind the contextual realities that may be contributing to the parents’ concerns.

Lastly, it is crucial for counselors who are working with parents of gay and lesbian children to be affirming and culturally competent. In this context, affirming means that
counselors examine and address their own biases, and are also knowledgeable about community resources available to parents of gay and lesbian children. It is important to keep in mind that not all parents would feel comfortable attending support groups, such as PFLAG. Hence, it may be important for these parents to experience interpersonal contact in other ways when they feel ready, such as meeting their child’s gay or lesbian friends or other individuals who may help facilitate their adaptation.

**Implications for Counselor Educators**

The purpose of this study was to explore parental concerns about having gay and lesbian children and determine how parents’ personal and contextual factors influence those concerns. Study results can be most readily applied to issues related to common core curricular experiences. Counselor educators should take note of the newest standards of the Council for Accreditation of Counseling and Related Programs (CACREP, 2009). More specifically, these results along with similar research could be used to target teaching of Sections II.G.2 and II.G.3 CACREP mental health standards, Social and Cultural Diversity and Human Growth and Development, to counselors-in-training who may work with sexually diverse clients and their families.

Counselor educators and supervisors may wish to consider strengthening education about sexual and gender diversity issues in counseling. Recent litigation involving master’s level counseling graduate students and their respective counselor education graduate programs challenged both the counselor education process and the 2005 ACA *Code of Ethics* (Herlihy, 2013). These counseling students refused to treat sexually and gender diverse clients because of their own personal religious beliefs, and failed to complete remediation. Each of these students filed suit, citing religious discrimination, against her respective program after being dismissed.
from her graduate program. These court cases prompted some important revisions in the ACA’s *Code of Ethics* (2014), specifically to clarify the distinction between values-based referrals and competence-based referrals. Hence, the gatekeeping roles of both counselor educators and supervisors are necessary for protecting sexually and gender diverse clients and their families. Results from this study may help broaden students’ perspectives and provide a developmentally normative lens through which to view parents’ struggles.

**Implications for Further Research**

Given that the sample was drawn from members of PFLAG, an organization in which parents give and receive support, attachment avoidance levels may be lower for this population in comparison to scores of parents who do not participate in support groups. Further research comparing support group-attending parents and nonsupport group-attending parents might provide additional insight into the possible association between attachment avoidance and concerns.

In this study, three mothers of gay sons and one mother of a lesbian daughter commented on the prejudice and hatred that their child had endured as a result of being gay or lesbian. All four parents highlighted the distinction between hypothetical concerns and the harsh realities with which they have had to contend as a family. Future research that controls for the effects of anti-homosexual bias, bullying, harassment, and violence may further elucidate the distinctions between hypothetical concerns and lived experiences.

In previous studies (e.g., Phillips, 2007; Saltzburg, 2004), the amount of time since disclosure has been an important factor in parents’ post-disclosure adaptation. Unexpectedly, the amount of time since disclosure was not correlated with parental concerns in this study. Qualitatively, however, parents revealed the influence of time on their concerns. Given the
discrepancy in these data, the amount of time since disclosure may be a viable area for further research.

Qualitative researchers might consider further inquiry into the relationship between parents’ attachment styles and their concerns about having gay or lesbian children using a different attachment measure, such as the Adult Attachment Interview. A semi-structured interview would provide more descriptive data about parents’ attachment experiences and could potentially further elucidate the correlation between attachment anxiety and parental concerns. Given that this sample was racially/ethnically homogenous, qualitative researchers may also consider exploring these phenomena among parents of color.

**Limitations of the Study**

Limitations concerning the design of the study and data collection were identified in Chapter One. The first limitation involved the sampling frame, PFLAG. Parental concerns, levels of interpersonal contact, and attachment styles are likely to be different for parents who participate in a mutual support organization in comparison to those who choose not to do so. Therefore, findings of this study may not be generalizable to parents who not are PFLAG members.

Second, this study utilized self-report retrospective data from PFLAG parents with gay sons and lesbian daughters. The validity and reliability of retrospective data reflecting psychosocial variables, such as subjective psychological states, has been subject of much debate (Henry, et al., 1994). Additionally, self-report measures rely on participants’ honesty and self-insight, which may be limited when fears and defenses are likely to be present (Brennan, Clark, & Shaver, 1998).
This study sought to examine several factors that influence parental concerns about having gay and lesbian children, including parent gender. Unfortunately, this sample included only 39 fathers which did not allow for statistical analyses of concern scores by parent gender. Future researchers might utilize different sampling methods that could garner a greater number of fathers, which could broaden the knowledge base about the role of parent gender on concerns about having gay and lesbian children.

**Conclusion**

The results of this study support the conclusion that parents’ concerns about having gay and lesbian children are influenced by both intrapsychic and contextual factors. Of particular relevance is the finding of a significant positive relationship between parents’ levels of attachment anxiety and their concerns about having gay sons and lesbian daughters: As parents’ attachment anxiety increased, their concerns also increased. In contrast to attachment anxiety, attachment avoidance was not found to be related to parental concerns.

Findings indicated that concerns were greater for parents who reported low interpersonal contact with gay or lesbian person(s) prior to their child’s coming out, in comparison to those who reported high interpersonal contact. Additionally, parents of gay sons reported significantly higher concern scores than parents of lesbian daughters. Unlike previous studies, the amount of time since disclosure was not a significant factor in this study; no significant relationship was found between the amount of time since disclosure and parental concerns. However, parents who were aware of their child’s sexual orientation for more than five years reported lower attachment anxiety scores than those parents who knew for less than five years. Hence, both internal and external factors were found to influence parents’ concerns about having gay or lesbian children.
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doi:10.1300/J291V02N02_02


doi:10.1037/a0026247


Appendix A

Demographic Information Questionnaire

Please indicate each of the following by circling or writing in your response.

1. Your gender:  
   Male          Female

2. Your child’s gender:  
   Male         Female

3. Your age:  

4. Your child’s age:  

5. Your child’s age at the time of coming out disclosure to you:  

6. Your highest level of education:  
   Did not complete high school  
   High school graduate or GED  
   Some college  
   College graduate  
   Advanced degree

7. Your race/ethnicity:  
   White               Black               Hispanic              Native American       Asian/ Pacific Islander
   Other _______________________

8. Your child’s race/ethnicity:  
   White               Black               Hispanic              Native American       Asian/ Pacific Islander
   Other _______________________
   Prefer to not answer

9. Indicate below the amount of time you have known for sure about your child’s gay or lesbian sexual orientation?  
   1 year or less                                     Between 1 and 2 years                                         Between 2 and 3 years
   Between 3 and 4 years                      Between 4 and 5 years                                        More than 5 years

10. Indicate below the amount of interpersonal contact you have had with any gay or lesbian person(s)  
    whom you knew identified as gay or lesbian (e.g., family members, neighbors, close coworkers,  
    friends, etc.) prior to your discovery of your child’s sexual orientation?  
    No Contact                                                 Unsure                                     Significant Contact
    1                  2                      3                       4                        5                        6                        7
Appendix B

Concerns of Parents of Lesbians and Gays (COPLAG) Scale

“When you FIRST learned that your child was gay or lesbian, to what extent were you concerned that…”

<table>
<thead>
<tr>
<th>Concern Statements</th>
<th>Not at all Concerned</th>
<th>Extremely Concerned</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You may lose friends if they learned that your child is gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Your child will be ashamed for who they are?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Your family may be verbally harassed if strangers learned that your child is gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Your child may be promiscuous because they’re gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Your child’s self-esteem may be affected because they’re gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Your child will not be emotionally strong enough to handles being gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Your child will never live a happy life?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. You would be judged as a parenting failure by society because your child is gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other family members may reject you if they learned that your child is gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. You wouldn’t understand gay or lesbian culture?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Your family may be verbally harassed If people you knew learned that your child is gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Your child will be rejected by loved ones because they’re gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Your neighbors would reject you if they learned that your child is gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Your child will not receive good healthcare because they’re gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Column 1</td>
<td>Column 2</td>
<td>Column 3</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>15. Your child could not attend church or other service as an openly gay or lesbian individual?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Your child made the wrong choice to be gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Your child may be physically assaulted because they’re gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Your child is gay or lesbian because you did not spend enough time with them?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Loved ones may avoid you because your child is gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Your child may not make friends?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Your child will be verbally harassed because they’re gay or lesbian?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Score**

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---

**Administration and Scoring of the COPLAG**

**Administration**

The COPLAG instrument was designed to be a self-administered scale for parents who present concerns about having gay or lesbian children in both a therapeutic and non-therapeutic setting. Parents are to read each concern statement and place an “X” under the column that most
accurately describes their concern level (from 1- Not at all Concerned to 7- Extremely Concerned.) While a response to every concern statement is encouraged, some parents may choose not to answer some of the presented items.

**Scoring**

The COPLAG scale is a summative scale. No COPLAG item requires reverse scoring. Add the numbers from all 21 concern items (1- Not at all concerned to 7-Extremely Concerned) together to obtain a total COPLAG Score. The total score possible for the COPLAG Scale (if each item is answered) should range between 21 and 147, with higher scores indicative of greater parental concern about having gay or lesbian children. To achieve separate subscale scores, add the designated subscale items together. The subscale items and their totals are presented below

Love Loss- Items 1, 9, 13, 19 – Range of 4 to 28

Well—Being – Items 2, 5, 6, 7, 12, 14, 15, 17, 20, 21 – Range of 10 to 70

Parent-Ego – Items 3, 4, 8, 10, 11, 16, 18 – Range of 7 to 49

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Appendix C
Permission Letter from Author for use of COPLAG Scale

From: Danielle Marie Desnoyers [ddesnoye@my.uno.edu]
Sent: Wednesday, January 30, 2013 8:44 AM
To: Conley, Cynthia
Subject: Interested in using the COPLAG in my dissertation study

Dear Cynthia,

We were in communication last summer when I initially made contact with you after hearing your interview on socialworkpodcast. Since then, I have read your publications and have followed the recommendations you offered regarding my lit review.

I am in the process of writing my prospectus and I am interested in examining the relationships between parental concerns and adult attachment styles. I am wondering if the COPLAG is available for this type of use. And if so, how could I go about gaining access to it?

I look forward to your reply.

Thank you in advance.

Dee

Dee Desnoyers, M.Ed., LPC, RPT-S
Doctoral Student
University of New Orleans
Department of Educational Leadership, Counseling & Foundations
Cell: (404) 348-3250
ddesnoye@my.uno.edu

Appendix D
Experiences in Close Relationship Scale-Short Form (ECR-S)

**Instruction**: The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it. Mark your answer using the following rating scale:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Slightly Disagree</td>
<td>Neutral</td>
<td>Slightly Agree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

1. It helps to turn to my romantic partner in times of need.
2. I need a lot of reassurance that I am loved by my partner.
3. I want to get close to my partner, but I keep pulling back.
4. I find that my partner(s) don't want to get as close as I would like.
5. I turn to my partner for many things, including comfort and reassurance.
6. My desire to be very close sometimes scares people away.
7. I try to avoid getting too close to my partner.
8. I do not often worry about being abandoned.
9. I usually discuss my problems and concerns with my partner.
10. I get frustrated if romantic partners are not available when I need them.
11. I am nervous when partners get too close to me.
12. I worry that romantic partners won't care about me as much as I care about them.

**Scoring Information**: Anxiety = 2, 4, 6, 8 (reverse), 10, 12; Avoidance = 1 (reverse), 3, 5 (reverse), 7, 9 (reverse), 11

Appendix E

Permission to use ECR-S Scales

RE: Permission for use of ECR-S Scale

Wei, Meifen [PSYCH] <wei@iastate.edu>
Fri 10/11/2013 1:05 PM
Inbox

To: Danielle Marie Desnoyers;

Yes, please feel free to use it....best wishes! Meifen

From: Danielle Marie Desnoyers [mailto:ddesnoye@my.uno.edu]
Sent: Friday, October 11, 2013 12:03 PM
To: wei@iastate.edu
Subject: Permission for use of ECR-S Scale

Dear Dr. Wei,

I am a doctoral candidate in Counselor Education at the University of New Orleans, and I am interested in using the ECR-S scale in my dissertation study. I found the instrument and instructions your website, however I wanted to confirm that you are granting permission for its use.

Thank you in advance,

Dee Desnoyers

Dee Desnoyers, M.Ed., LPC, RPT-S
Doctoral Candidate
University of New Orleans
Department of Educational Leadership, Counseling & Foundations
Cell: (404) 348-3250
ddesnoye@my.uno.edu
Appendix F

UNO Institutional Review Board Permission Letter

University Committee for the Protection of Human Subjects in Research
University of New Orleans

Campus Correspondence

Principal Investigator: Barbara Herlihy
Co-Investigator: Danielle Desnoyers

Date: February 4, 2014
RE: “Parents’ Concerns about their Gay and Lesbian Children: An Attachment Perspective”
IRB#: 01Dec13

Your modification request was eligible for expedited review as the modifications did not change the potential risk to the participants. Modifications listed below have been approved.

- posting the research study invitation on each PFLAG chapter’s Facebook page

Please remember that approval is only valid for one year from the approval date. Any changes to the procedures or protocols must be reviewed and approved by the IRB prior to implementation.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best of luck with your project!
Sincerely,

[Signature]

Robert Laird, Chair
UNO Committee for the Protection of Human Subjects in Research
Appendix G

Permission and Instructions from PFLAG National Office

Re: Dissertation study

Liz Owen <lowen@pflag.org>
Wed 4/24/2013 1:40 PM
Inbox

To: Danielle Marie Desnoyers;

Hi Dee -

You are welcome to contact chapters to ask if they would like to participate, but it's not something we do on a national level. We have many different rules around anonymity, and just get too many requests to take it on.

We thank you for your interest in PFLAG, and wish you nothing but the best with your work.

All best,
Liz Owen

On Wed, Apr 24, 2013 at 10:36 AM, Danielle Marie Desnoyers <ddesnoyes@my.uno.edu> wrote:

Dear Liz,

My name is Dee Desnoyes and I am a doctoral candidate in Counselor Education at the University of New Orleans. My dissertation study will be focusing on the concerns of parents with lesbian and gay children.

I am interested in contacting PFLAG parents and inviting them to participate in my dissertation study. I am wondering if you could inform me about any procedures PFLAG has in place for such requests.

Thank you in advance for your consideration,

Dee Desnoyes

Dee Desnoyes, M.Ed., LPC, RPT-S
Doctoral Candidate
University of New Orleans
Department of Educational Leadership, Counseling & Foundations
Cell: (404) 346-3350
ddesnoyes@my.uno.edu
Appendix H

Request Letter to PFLAG Chapters

Dear PFLAG Chapter Leader:

I am conducting a research study and would like to ask you to participate by sharing an invitational letter with your chapter members. The purpose of this study is to explore parental concerns about having gay and lesbian children and determine what factors influence these concerns. I am a licensed professional counselor in the state of Georgia pursuing a doctoral degree at the University of New Orleans.

The survey will likely take about 15 minutes to complete. Surveys are available online using the link below. If individuals would prefer to complete a paper version of this survey, please encourage them to notify me via email and I will mail them a survey with a stamped self-addressed envelope for them to return the survey, upon completion. Respondents’ identifying information will not be collected in this study and will not be disclosed in the findings. Participating in this study is thought to be of minimal risk. However, respondents may experience uncomfortable thoughts and feelings related to their concerns about having a gay son or lesbian daughter and/or their feelings about close relationships.

Possible benefits of this study include gaining self-understanding, allowing others to understand the factors that influence parents’ growth, and helping others to learn about parents’ experiences related to their children’s disclosure of being gay or lesbian. Study results could be used to inform counseling interventions for individual parents or families.

Participation is completely voluntary. Respondents may decline to participate at any time during the study and may decline to answer particular questions if they do not feel comfortable. I appreciate your assistance with this research study.

Please direct any questions or concerns about this study to the co-investigator, Dee Desnoyers (ddesnoye@uno.edu) the principal-investigator and faculty advisor, Dr. Barbara Herlihy (bherlihy@uno.edu), or the Office of Human Subjects Research at the University of New Orleans (unoirb@uno.edu).

Sincerely,
Dee Desnoyers, M.Ed., LPC, NCC
Doctoral Candidate
University of New Orleans
Bicentennial Education Building, Room 348
200 Lakeshore Drive
New Orleans, LA 70148

Survey link: https://qtrial.qualtrics.com/SE/?SID=SV_8C9vOCkWSzct7Nz
Appendix I

Informed Consent Request Letter to Parents

Dear PFLAG Parent:

I am conducting a research study and would like to ask you to participate by completing a survey. I am a licensed professional counselor in the state of Georgia pursuing a doctoral degree at the University of New Orleans.

The purpose of this study is to explore parental concerns about having gay and lesbian children and determine what factors influence these concerns. The survey consists of two separate instruments and a series of demographic questions. The first instrument will ask you about your typical feelings in close relationships. The second instrument will ask you to describe the various concerns that you had about having a gay or lesbian child when you first found out about your child’s sexual orientation. Lastly, there are several demographic questions that will be used to both classify and better understand your responses (e.g., how many mothers versus fathers participated in the study; who reported higher scores: mothers or fathers, etc.).

The survey will likely take about 15 minutes to complete. Surveys are available online using the link below. If you would prefer to complete a paper version of this survey, please notify me via email and I will mail you a survey with a self-addressed stamped envelope for you to return the survey, upon completion. Your identifying information will not be collected in this study and will not be disclosed in the findings. Participating in this study is thought to be of minimal risk to you. However, you may experience uncomfortable thoughts and feelings related to your concerns about having a gay son or lesbian daughter and/or your feelings about your close relationships.

Possible benefits of this study include gaining self-understanding, allowing others to understand the factors that influence your growth as a person, and helping others to learn about parents’ experiences related to their children’s disclosure of being gay or lesbian. Study results could be used to inform counseling interventions for individual parents or families.

Participation is completely voluntary. You may decline to participate at any time during the study if you do not feel comfortable. If you agree to participate, then please complete the online consent form.

Please direct any questions or concerns about this study to the co-investigator, Dee Desnoyers (ddesnoye@uno.edu), the principal-investigator and faculty advisor, Dr. Barbara Herlihy (bherlihy@uno.edu), or the Office of Human Subjects Research at the University of New Orleans (unoirb@uno.edu).

Sincerely,
Dee Desnoyers, M.Ed., LPC, NCC
Doctoral Candidate
University of New Orleans
Bicentennial Education Building, Room 348
200 Lakeshore Drive
New Orleans, LA 70148
Survey link: https://qtrial.qualtrics.com/SE/?SID=SV_8C9vOCkWSzct7Nz
Appendix J

UNO Institutional Review Board Modification Approval Letter

University Committee for the Protection of Human Subjects in Research
University of New Orleans

Campus Correspondence

Principal Investigator: Barbara Herlihy
Co-Investigator: Danielle Desnoyers

Date: February 4, 2014
RE: “Parents’ Concerns about their Gay and Lesbian Children: An Attachment Perspective”

IRB#: 01Dec13

Your modification request was eligible for expedited review as the modifications did not change the potential risk to the participants. Modifications listed below have been approved.

- posting the research study invitation on each PFLAG chapter’s Facebook page

Please remember that approval is only valid for one year from the approval date. Any changes to the procedures or protocols must be reviewed and approved by the IRB prior to implementation.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best of luck with your project!
Sincerely,

[Signature]

Robert Laird, Chair
UNO Committee for the Protection of Human Subjects in Research
Appendix K

Detailed Description of Modifications

RE: Question re: IRB # 01Dec13

UNO Institutional Review Board <unoirb@uno.edu>
Mon 2/3/2014 1:09 PM
Inbox

To: Danielle Marie Desnoyers;
CC: Barbara J Herifry;

You replied on 2/4/2014 7:22 AM.

Action Items

Danielle,

Please send me the content of the solicitation you wish to post on Facebook, and a list of the talking points that you would discuss when interacting with PFLAG members. I think both activities are acceptable, but need a bit more information to be sure.

Robert D. Laird, Ph.D.
Chair, IRB Committee
University of New Orleans
unoirb@uno.edu
504-280-5454

From: Danielle Marie Desnoyers [mailto:ddesnoye@my.uno.edu]
Sent: Saturday, February 01, 2014 12:29 PM
To: UNO Institutional Review Board
Cc: Barbara J Herifry
Subject: Question re: IRB # 01Dec13

Dear IRB Committee:

I have begun data collection for IRB #01Dec13 (Protocol: “Parents’ Concerns about their Gay and Lesbian Children: An Attachment Perspective”).

Per my initial IRB application, I have contacted individual Parents and Friends of Lesbian and Gays (PFLAG) chapter leaders via email and USPS mail. Some of the chapters have suggested that I post the research study invitation on their chapter’s Facebook page, as this is their preferred method for contacting their members.

I am writing to inquire if the UNO IRB committee would approve my soliciting participants by posting the research study invitation on each PFLAG chapter’s Facebook page. Typically, these pages are “closed groups” and require approval from a site administrator; hence, there would be an approval process prior to my “joining” the chapter’s page and posting the announcement, per each individual chapter.

Additionally, would it be acceptable for me to share information about my research study if given the opportunity to interact with PFLAG members (e.g., via conference resource fairs, PFLAG Chapter meetings)? Through my work as a licensed professional counselor, I frequently meet individuals involved with PFLAG and am invited to participate in various events that include PFLAG members.

Would any of the above require an amended application?

Thank you in advance for your assistance.
RE: Question re: IRB # 01Dec13

Danielle Marie Desnoyers
Tue 2/4/2014 7:22 AM
Sent Items

To: UNO Institutional Review Board <unoirb@uno.edu>
Cc: Barbara J Hefley;

Dr. Laird,

Thank you for your prompt reply. Below is the content of the proposed solicitation activities:

For Facebook:
Hello PFLAG Parents,
I am a doctoral candidate at the University of New Orleans and am seeking PFLAG members who are parents of gay and lesbian children to participate in a research study.

The survey takes less than 10 minutes to complete and it’s anonymous. Absolutely no identifying information will be collected.

If you are interested in participating, please find the informed consent letter describing the research study attached below.

The survey link is http://tinyurl.com/PFLAG-study

Thank you for your assistance.

Dee Desnoyers

In-person:
- I am a doctoral candidate at the University of New Orleans
- I am seeking PFLAG members who are parents of gay and lesbian children to participate in a research study
- The survey takes less than 10 minutes
- It’s completely anonymous–absolutely no identifying information will be collected
- Here is a postcard with the survey link. There, you will find more information about the study.
- Would you be willing to share these postcards with fellow members?

Postcard (with UNO logo):
Are you a parent of a gay son or lesbian daughter and consider yourself to be a member of PFLAG? If so, please consider helping out with a dissertation research study.

For more information about the study and the survey link, please go to http://tinyurl.com/PFLAG-study

Your participation is anonymous.

Thank you,

Dee Desnoyers, M.Ed., LPC, RPT-S
Doctoral Candidate
University of New Orleans
Department of Educational Leadership, Counseling & Foundations
Cell: (404) 568-3250
ddesnoyers@my.uno.edu

From: UNO Institutional Review Board <unoirb@uno.edu>
Sent: Monday, February 3, 2014 1:09 PM
To: Danielle Marie Desnoyers
Appendix L

Vita

Dee Desnoyers is a licensed professional counselor and registered play therapist – supervisor working in full-time private practice in Decatur, GA. Dee graduated from the University of Virginia with a Bachelor of Art’s degree in Cultural Anthropology (1998), and from the University of New Orleans with a Master’s of Education (2003) and Doctorate of Philosophy (2014) in Counselor Education.